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References: 1. Goncalves D. et al. Varenicline, an $\alpha 4 \beta 2$ nicotinic acetylcholine receptor partial agonist, vs. sustained-release bupropion and placebo for smoking cessation: A randomized controlled trial. JAMA 2006; 296:47-55. 2. Jorenby DE. et al. Efficacy of varenicline, an $\alpha 4 \beta 2$ nicotinic acetylcholine receptor partial agonist, vs. placebo or sustained-release bupropion for smoking cessation: A randomized controlled trial. JAMA 2006; 296:56-63. 3. Tonstad S. et al. Effect of maintenance therapy with varenicline vs. sustained-release bupropion on relapse rates in a randomized controlled trial. JAMA 2006; 296:64-71. 4. Goncalves DF. et al. A pooled analysis of varenicline, an alpha 4 beta 2 nicotinic receptor partial agonist vs. bupropion and placebo, for smoking cessation. Poster presented at SRNT, 15-18th Feb. 2006, Orlando, Florida. Abstract P49-2. 5. Axinin B. et al. Varenicline compared with nicotine patch for smoking cessation: Results from a randomized controlled trial. The Lancet 2006; 368:1008-1013. (Feb 11, 2006)



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Comment from the Editor

And so the MUR debate goes on. Are the multiples putting undue pressure on employee and locum pharmacists to deliver MURs to quota?

New research reveals multiples were responsible for 75 per cent of the MURs performed during the period April 2006 to March 2007 (p7). And the authors of the paper suggest that "organisational pressure" could be the driver behind the numbers. This pressure is going too far according to the Pharmacists' Defence Association, which last week published guidance on the issue (C+D, May 24, p4).

But does that explain the whole picture? It's certainly not black and white. Could it be that the most successful pharmacies had already invested in consultation rooms and staff training in readiness for such a service? Did they sign up their



pharmacists early on to become accredited for MURs? Is there support among pharmacists within a company to learn from each other? It's not unreasonable for a company to want a return on an investment, is it?

Our online poll reveals that one-third of voters said they can't be bothered with MURs – is it that having an area manager who's bothered, makes you bothered about MURs too?

Yet, not all independents are lagging behind, plenty of C+D Pharmacy Champions were independents who excelled in MURs. However, the research shows the independents struggled to get beyond 100 a year, with only 17 per cent doing so. Some are even avoiding MURs so as not to upset good relationships with local GPs.

So the picture is still not clear, but if some contractors have been putting quantity over quality (and the white paper suggests that some MURs fit into this category, but doesn't say who did them) it's likely they will come unstuck. In the white paper, the government announced it had asked NHS Employers to discuss with PSNC a way of ensuring money for MURs rewards health outcomes not volume outcomes. And surely that has got to be better for everyone: patients, pharmacists and the public purse.

The epitome of good design

On a happier note, today we reveal the winners of the C+D Platinum Design Award sponsored by Ceuta. Proving that pharmacy is innovating and embracing the future, these pharmacies are at the forefront of modern pharmacy design.

Fiona Salvage, deputy editor

Contents

News

- Call for RPSGB referendum withdrawn **6**
- Multiples lead in MUR league **7**
- Two-hour absence rule reignites RP debate **8**
- Struck off for forgeries **10**

Opinion

- Xrayser and Locum at Large **12**
- Letters **14**

CPD

- Update: childhood obesity **18**

Practical Approach:

- non-medical prescribing **24**

Product News

25

Features

- Green suppliers **16**
- Platinum Design Awards **28**
- Men's health **30**

Classified & Recruitment

35

Postscript

38

Demand for referendum on Society future dropped

» Motion abandoned because Society had already pledged to consult members

Gary Paragpuri

Pharmacists have withdrawn a demand that the RPSGB should have its future development plans ratified by a referendum of its members.

A motion at last Wednesday's Society AGM had called for members to be given a vote on the recommendations set out in the Clarke Inquiry on the formation of a new professional body for pharmacy. It also wanted Council's final plans for the future Society to be ratified by a referendum of members.

But the motion, proposed by Mark Walker of Oxford, was withdrawn after it emerged that the Society had already pledged to consult with members as it moves from a regulatory and

professional organisation to a solely professional one.

In a paper published last month, the RPSGB outlined nine services that it envisaged the new professional body could provide, adding that these would be "subject to consultation with members". The document further adds that 2008 would see a "transitional committee established and consultation with Society members".

The motion's withdrawal was preceded by a debate on the future professional body for pharmacy. Mark Koziol, chairman of the Pharmacists' Defence Association, said a survey of PDA members revealed that over 90 per cent did not want technicians to be members of the new body, adding this was not "in accord"



with the Clarke report.

Graham Phillips, of St Albans, said the RPSGB should consider structures other than a chartered body for the new organisation. He claimed the current Royal Charter constitution had led to "interference" from the Privy

Council, a view dismissed by Clarke Inquiry chairman Nigel Clarke.

Ian Simpson, of Oxford, though, had urged members to reject the motion. Mr Simpson questioned why further consultation was needed when the Clarke Inquiry had already done this.

Conference quotes

"The question members want answered is what's in it for me?"

"The time is right for a back office change, so Council is renewed in a way that makes members want to join."

"Nobody can tell us whether Clarke's report is the correct starting point."

"This motion is an act of desperation dressed up as democracy and should be kicked out."

Not to increase fees would have been 'dishonest', says treasurer

Andrew Gush admitted to the Society's AGM that his first year as treasurer had been "challenging, interesting and of course has involved managing unpopular decisions".

However, he said not to increase 2008 fees would have been "irresponsible and dishonest" and the Society needed to face up to its financial position. Increasing the fees was a "tough but necessary decision" but the benefits of this strategy would not be apparent until 2008 statements and beyond, the treasurer said. Looking to the future, he warned members that the General Pharmaceutical Council would not be subsidised by publications and will have to set its fee at a level which will recover all of its costs.

Mr Gush pointed out that although the 2007 financial statement showed a significant change in the pension fund deficit, this was an artificially inflated number. Bernard Kelly, director of finance and resources, clarified the situation, saying the credit crunch had increased the return from the corporate bonds in the pension fund and that meant its discount liabilities had dropped accordingly.

Trustees valued the Society's surplus at £3.8 million. However, the Accounting Standards Board's FRS17 calculation (a calculation for defined benefit pension schemes) puts the sum at £700,000. The FRS17 does not take into account expenses, of which the trustees have made an allowance of £1.55m which has been incorporated into

the deficit. "These differences make a big difference to the deficit and to the cost of maintaining the scheme," he said. **FS**

STOP PRESS

2009 fee rise

The RPSGB is set to announce an increase in 2009 membership fees this week, C+D understands.

Fees could rise in line with inflation, currently at 3 per cent, a Society insider said.

The RPSGB said it wanted to avoid a repeat of the controversial 40 per cent hike in 2008 fees.

AGM news in brief

Council expenses

Andrew Gush made a special point of highlighting Council's and the president's expenses in 2007. The period had seen "a significant level of extra activity" and the "president had attended many extra meetings".

Medicines award

Hemant Patel, the immediate past president, used his final presidential speech to announce plans to launch an award to recognise a significant contribution to improving medicines safety in Britain. The award will be open for applications later this year and the first award made in 2009.

Is a fee rise the right decision?
haveyoursay@cmpmedica.com

Independents behind in MUR numbers

» 'Organisational pressure' in multiples might be responsible for the difference

Zoe Smeaton

Multiple pharmacy branches are performing higher numbers of MURs than independents, a study into the uptake of the service in England has revealed.

The report identified lack of support from GPs as a main barrier to the service, and found that "organisational pressure" from multiples might be responsible for their higher MUR activity.

Pharmacy leaders warned that independents were missing out on a potential income source.

The report, published in the journal *Health Policy*, found that between April 2006 and March 2007, multiples had performed 74.5 per cent of all MURs.

It added: "Rates of MUR provision per year by multiple pharmacies were almost twice that of independent pharmacies."

Fin McCaul, chairman of the Independent Pharmacy Federation, warned independents: "With the implications of category M and pharmacy cashflows... doing MURs could become useful."

The study was based on MUR activity data for community



"Independents... are opting out, burying their head in the sand, not doing it."
(PCO representative)

"I have a concern... about some of the multiple chains putting a lot of pressure upon their pharmacists."
(Independent community pharmacist)

"They're just pushing and pushing and pushing for MURs in this company and I think personally it's mocking the whole system."
(Multiple community pharmacist)

Source: Determinants of the uptake of MURs by community pharmacists in England: A multi-method study

pharmacies for 2005 to 2007 from the PPD, on questionnaires sent to all primary care organisations, and on in-depth interviews with stakeholders at 10 sites.

It said "strong concerns" were raised by interviewees at five sites that "multiple pharmacies were pressurising employee pharmacists to maximise MUR activity". But it added that further work was needed to examine organisational pressure and targets.

The news comes after C+D reported last week that the PDA had said some employers could be putting pharmacists under unfair pressure to meet MUR targets.

John D'Arcy, commercial director of Rowlands, said the group tried to take administration and chores away from pharmacists, freeing them up to interact with patients. View the study at: <http://dx.doi.org/10.1016/j.healthpol.2008.03.013>

NPA and CMP Medica clarify licensing for PIP code

The NPA and CMP Medica, C+D's publishers, have issued a joint statement clarifying the licensing arrangements for PIP code and the granting of user and publishing rights.

The organisations have also signalled their intention "to work together to safeguard the future of the PIP code and ensure it meets the needs of the pharmacy supply chain".

Both organisations said they wanted to end any "uncertainty within the pharmacy community" around the funding and licensing arrangement for the PIP code.

In practical terms it means that

pharmacies wishing to use the PIP code in their PMR or other IT systems need to be both a member of the NPA (or have a user licence issued by the NPA) and have a subscription to C+D. Non-pharmacy users of PIP code data need to have a code user licence from the NPA and a publishing licence from C+D Data.

NPA chief executive John Turk said: "The NPA has long been a supporter of the PIP code to ensure that NPA members' interests are safeguarded. We are pleased to have been able to renew this commitment in conjunction with CMP Medica."

Phil Johnson, publishing director of CMP Medica's pharmacy division, said C+D would work with the NPA to make sure that the code adapted to meet the needs of users in the future. "Secure funding and a firm basis to licensing arrangements are crucial to that vision," he added.

The statement explains that the NPA has the exclusive right to set the amount charged for the user licence, while CMP Medica alone determines fees for subscriptions and publishing licences.

To read the statement in full go to www.chemistanddruggist.co.uk/news **FS**

News in brief

The Rx Factor

The RPSGB has launched a competition to find four "faces of pharmacy" to represent the profession in its media campaigns. Members who think they have the 'Rx Factor' should send a passport photograph, CV and 300-word statement to the RPSGB at Lambeth by July 1.

www.rpsgb.org

MUR wizard

AAH has rolled out its latest version of the LINKEvolution system, with the addition of a step-by-step wizard for filling out the electronic MUR forms released earlier this year.

New director for England

The RPSGB has appointed East Sussex LPC chairman Howard Duff to the new position of director for England, a role previously covered by the director of practice and quality improvement. Mr Duff has most recently worked on IT projects at Boots.

Society restaurant

The RPSGB Council has agreed plans to create a restaurant on the fifth floor at Lambeth, including a bistro and coffee bar. Work will begin in the summer and is due for completion by the end of this year.

Cash for collaborations

The Department of Health has allocated £64 million to fund seven partnerships between NHS organisations and leading universities. The collaborations will research specific clinical areas, including cardiovascular disease and diabetes, aiming to improve diagnosis and treatment.

No Smoking Day awards

The No Smoking Day charity has called for independent pharmacies to enter their 2008 awards, for their efforts in organising events on the national awareness day's 25th anniversary on March 12.

www.nosmokingday.org

Going platinum

George Romanes Pharmacy in Duns scooped first prize at the C+D & Ceuta Healthcare Platinum Design Awards 2008. See p28 for a full report of the event, which celebrates the best in pharmacy design.

Dispensary TALK

What would help you increase MUR output?



"If I had the backfill to let me reach all the people I deliver prescriptions to. These are the people who most need MURs but I can't get out to visit them."

Jackie Lewis, Lewis Pharmacy, Exmouth



"The only way I could do it is to have a second pharmacist in to free me up, but this is difficult as we get so many missed appointments. However, we are field testing the latest ETP system, which makes MURs much quicker and easier to complete."

Beran Patel, Brigstock Pharmacy, Croydon

WEB VERDICT:

Extra time:	4%
Extra pharmacist:	55%
Help from GP:	6%
Revamp of premises:	2%
Can't be bothered:	33%

Armchair voters: over half of voters said that a pharmacist would be their first choice resource to increase MUR tallies. Worryingly, a third appear totally disillusioned with the service.

This week: Will you dine at the society's bistro and coffee bar? Vote online at www.chemistanddruggist.co.uk

Two-hour absence rule reignites RP argument

» Safety fears as government allows pharmacists off the premises for set periods

Zoe Smeaton

The government came under fire this week over its response to the views of the profession on the Responsible Pharmacist (RP) legislation.

The response said the government would allow RPs to be absent from pharmacies for a period of up to two hours in any 24-hour period that a pharmacy is open. The decision came despite the fact that 41 per cent of consultation respondents thought RPs should not be allowed any absences at all.

Steve Lutener, head of regulations at PSNC, said: "We didn't think a number of hours was a good idea if the responsible pharmacist is to do with [patient] safety."

Mr Lutener said the rule implied it was safe for the pharmacist to be absent for one hour 59 minutes but not for two hours and one minute. Or if a pharmacy were open for only three hours on a Saturday morning, the pharmacist could be absent for two-thirds of the time.



Time out: government is 'walking into trouble' with responsible pharmacist proposals

"It's walking into trouble," he added.

Colette McCreedy, director of pharmacy practice at the NPA, said the two-hour rule had changed the concept of the RP from someone who need not be present and could give authority to other pharmacists. She said: "It seems to have changed the concept of the responsible pharmacist back to a pharmacist being on the premises."

In its response, the government also scrapped plans to allow only pharmacists with a minimum period of experience after

registration to become responsible pharmacists. It said it would instead, "draw the attention of the regulatory bodies and others to views on the need to develop professional training and standards".

However, Mr Lutener warned that this still left scope for the regulatory body to enforce minimum experience requirements through the code of ethics.

Should pharmacists be allowed off the premises?
zsmeaton@cmpmedica.com

National plan needed for pandemic flu outbreak

Pharmacists should have a greater role in local vaccination programmes, and national strategies to define their role in a flu pandemic should be established, PSNC has said.

The comments came after the government responded to views on what changes should be made to medicines legislation during a flu pandemic. The response said prescription charges on specific flu-related medicines would be

abolished, and work is ongoing to consider enabling pharmacists to supply emergency medicines to last 28 days, rather than five.

However, a DH spokesperson previously told C+D that in the event of a flu pandemic "it will be for individual PCTs to decide exactly which health professionals will administer pandemic-specific vaccines to the public".

PSNC said in its response to the proposals that pharmacy's role

should be determined nationally, to avoid confusion if pharmacists moved around to maintain services.

Alastair Buxton, head of NHS services at PSNC, added that pharmacists needed to be trained and involved in vaccination programmes before a pandemic began.

He said pharmacies could provide an alternative venue in areas with low vaccination uptake, even now. **ZS**

PCTs set for scrutiny from overview committees

Local pharmacy services could receive a boost as the NPA has offered guidance to PCT watchdogs on how they can scrutinise pharmacy commissioning.

The NPA has produced a guide, in association with the Centre for Public Scrutiny, to help Overview and Scrutiny Committees (OSCs). The guide is designed to help them

question PCTs around the provision of community pharmacy services. It suggests areas for questioning such as how the PCT is maximising the contribution of community pharmacy to meeting national policy and priorities.

Gareth Jones, NPA NHS liaison manager, said the questions would help OSCs highlight areas where

PCTs may need to think again.

Stephen Fishwick, head of external relations at the NPA, told C+D he had already received requests from some OSCs for the NPA to brief them further. And he added: "I would hope there are a number of conversations being triggered locally. This has given them a platform for discussion." **ZS**

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*IRI Infocan Data. All outlets MAT £ Aug '07

News in brief

NCSO update

The Department of Health and the National Assembly for Wales have agreed to allow NCSO endorsements for the following item for May 2008 prescriptions: phenindione 10mg tablets.

Ethnic divide

A Department of Health examination of the healthcare experiences of patients from different ethnic groups has found a range of variations. Minority ethnic groups were more likely to report negative experiences than their white counterparts, particularly in primary care and outpatients. <http://tinyurl.com/3ednt6>

Scottish Tories checked

Representatives from Community Pharmacy Scotland and the RPSGB teamed up as 'Pharmacy in Scotland' at the Scottish Conservative Party Conference in Ayr last weekend. As well as lobbying for pharmacists to have an expanded public health role, representatives were conducting mini-health checks for delegates.

MHRA consultation

The MHRA is conducting a public consultation on amendments to the Medicines for Human Use Regulations 1994 to clarify pharmacovigilance reporting requirements. www.mhra.gov.uk

Struck off for forgeries

Pharmacist altered prescriptions and forged doctors' signatures

A pharmacist who altered prescriptions by increasing the amount of drugs and forging doctors' signatures has been struck off.

Jawid Ahmed Yusuf, who worked at Cristal Chemists in Cheshunt, Hertfordshire, had been found guilty of allegations of altering around 60 prescriptions and increasing their value by £2,000.

But he was cleared of knowing alterations would attract a higher payment and it was not proven that Cristal Chemists received larger than expected payments from the Prescription Pricing Authority between July

2000 and January 2002.

Striking off Mr Yusuf, RPSGB disciplinary panel chairman Patrick Milmo QC said: "His conduct amounted to a consistent – almost systematic – altering of prescriptions and forging doctors' signatures to authenticate the alterations."

Although there was no evidence of financial gain for himself, Mr Yusuf's conduct was said to have "involved dishonesty" and Mr Milmo said it had put patients at risk and potentially harmed the trust between pharmacist and doctors.

He said that it was "an abuse of

trust and was repeated over a period of time".

Fenella Morris, for the Society, was particularly concerned that prescriptions for the Class C controlled drug temazepam had been altered. In one case a prescription for supply of 68 tablets was changed to 86.

"This potentially enabled the supply of more temazepam than had been prescribed and would have led to an overpayment in excess of that which had been intended by the prescriber," said Ms Morris.

Mr Yusuf has three months to appeal. **UKL**

Lloyds top ticket for graduates

Lloydspharmacy has been named as one of the UK's top 100 graduate employers.

The multiple's sustained investment in graduate recruitment and training programmes earned it a place in the Financial Times' Top 100 Graduate Employers annual ranking.

New joiners follow a programme of in-pharmacy and external training aimed at helping them become community healthcare experts.

Lloydspharmacy resourcing

manager Barbara Sutherland said the organisation was "delighted" to have made the list.

"We see this as a powerful endorsement of our work to empower our graduate and experienced pharmacists to act as community healthcare specialists, with the freedom to develop services they feel will benefit their customers."

Heena Bhakta, president of the British Pharmacy Students Association, said there was a trend among graduates to work for the

big multiples rather than independent operators. This was down to "a support network of pharmacists to help you", she said.

David Wood, executive director of the Independent Pharmacy Federation, said: "While many pharmacists start their career with multiples, after a few years many do not like the lack of flexibility and earning limitations. Those that choose to own their own pharmacies take a greater risk, but can obtain greater professional satisfaction and rewards in the long term." **KO**



Trust Spence to dispense: when Weldricks Pharmacy decided to invest in a robot it wanted to give it a human touch, so the Doncaster-based pharmacy group invited youngsters at Tranmoor Primary School, Armthorpe, to take part in a naming competition. Eleven-year-old Abigail Winstanley (centre) bagged first prize with 'Spencer Dispenser'. Miss Winstanley was guest of honour at the pharmacy when she attended a special ceremony to officially name the new robotic dispensing system. Richard Wells (left), pharmacy superintendent for Weldricks Pharmacy, said: "The robot has been a major investment for the company but it will release a lot of time for the pharmacy team." Pharmacist Wendy Atkinson (right) said she had been "apprehensive" about working with a robot at first, but that 'Spencer Dispenser' had become an "effective member of the team"

New Otex Express from the No.1 ear wax brand*



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OTEX Trademark and Product Registration held by Diomed Developments Ltd., Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd., 94 Rickmansworth Road, Watford, Herts. WD18 7JJ, UK.
Indications: Otex Express Ear Drops: An aid in the removal of hardened ear wax. **Directions:** For adults, children and the elderly: Instill up to 5 drops into the ear. Retain drops in ear for several minutes and then wipe away any surplus. Repeat once or twice daily for at least 3 to 4 days, or as required. **Contraindications:** Do not use if the eardrum is known or suspected to be damaged, in cases of dizziness, or if there is, or has been, any other ear disorder. Do not use after ill-advised attempts to dislodge wax using fingernails, cotton buds or similar implements, or within 2 to 3 days of syringing. Do not use where there is a history of ear problems, unless under close medical supervision. Do not use if sensitive to any of the ingredients. Do not use at the same time as anything else in the ear. **Precautions:** Keep away from the eyes. For external use only. Replace cap after use, and return bottle to carton. **Side-effects:** Due to the release of oxygen, patients may experience a mild, temporary effervescence in the ear. Stop usage if irritation or pain occurs. Instillation of ear drops can aggravate the painful symptoms of excessive ear wax, including some loss of hearing, dizziness and tinnitus. Very rarely, unpleasant taste has been reported. If patients encounter any of these problems, or if their symptoms persist or worsen, they should discontinue treatment and consult a doctor. Packs: Otex Express Ear Drops 10ml, RSP £4.95 (£4.21 exc. VAT). Revision Date: December 2007. *Source: IMS Dec MAT 2007.

The Rx Factor – the search is on

Applicants for the RPSGB's Rx Factor competition must have "enthusiasm, charisma and personality". That rules me out straight away.

And also unfortunately a lot of my colleagues. But surely there's a pharmacist or two somewhere with that special sparkle.

The Society wants to find four "faces of pharmacy" to support next year's media campaigns. It wants our equivalent of Drs Hillary Jones and Mark Porter – pharmacists with that elusive mix of gravitas and celebrity persona. They must be out there somewhere.

I'm almost as intrigued by who will judge the competition as who will enter. Can Hemant Patel be as hard as Simon Cowell, and does he have the right trousers? Is Jeremy Holmes a suitable Louis Walsh? And who on earth could play Sharon Osbourne's role? It's not going to be easy to pin down that Rx Factor and decide who is worthy of this important role.

This could even be the biggest job in pharmacy. Ever. Mr or Mrs Pharmacy Great Britain could become the public face of the profession, and with the public truly behind us we could make a huge amount of practical and political progress. There's no doubt that more people recognise Hillary Jones than the chief medical officer or the head of the BMA (can you name these people?). Whatever that man says on health is heard in a huge number of households around the country.

I'd love to be a fly on the wall when the judges are making their decision, particularly over the contestants' photographs. Are they looking for beautiful people, wise old owl types, or simply an appropriate racial mix? Most people's view of Mr or Mrs Typical Pharmacist is based on whoever works in their local community pharmacy, and therefore anyone is in with a chance. Anybody with a passing resemblance to Drs Jones or Porter need not apply – we don't want to confuse our audience.

My staff suggested that the NPA's new man, John Turk, would look good on telly, or in our pharmacy for that matter. Shame he's not a pharmacist. They also have a soft spot for one of our local LPC committee members, but they've never heard him speak. But then media popularity is often more about style than substance.

I expect that contestants with the best chance are those already in the spotlight, as

these talents are natural rather than taught. It's time to boost the egos of our favourite committee members and competition winners and suggest that they should enter.

Winners will be announced at September's BPC, in what could be the highlight of the event.

But if talking on health issues really isn't your scene, just look out for entry forms for the Strictly Rx Come Dancing competition.



Locum at Large

haveyoursay@cmpmedica.com

The NHS – fit for purpose in the 21st century?



Being one of an increasingly rare breed of pharmacists who was actually born above the shop (rumour has it my sister was born at 20 to nine, I was born at 10 to nine and my father opened the pharmacy punctually at nine o'clock!) I have thus spent my entire life in pharmacy.

Society was not so well off in those days and people only came to the pharmacy or the doctor

when they were either really ill or perhaps were feeling less than well.

If they needed treatment they had it in the lowest dose, in the lowest quantity, for the shortest period of time. No over-prescribing, little waste of medication and supply or purchase of medicines was very much on an 'as needed' basis.

Scroll forward to 2008 and we have now created a society in which – from the day a baby is born – vaccinations, medication, treatments, screening and visits to healthcare professionals from a multitude of medical disciplines, have become the order of the day.

Keeping healthy has become a full-time occupation for the entire nation even though obesity, lack of exercise, poor diet and a negative lifestyle has condemned millions of people to make ever increasing demands on our creaking National Health Service.

How can our favourite national institution hope to cope? Sadly, I have come to the almost inevitable conclusion that if we carry on

constantly tinkering with the NHS and its 1948 structure for the next 60 years – a structure rooted in monstrous bureaucracy, bloated staffing levels, finite resources and continual almost daily interference from our political masters – then the system will inevitably, piece by piece, grind to a halt.

Why do we still have such a centrally controlled, political healthcare system? Why is Britain's NHS the world's third largest employer in a nation of only 65 million people?

When I become prime minister, my first step will be to abolish entirely the NHS in its present form, throw out the out-dated 1948 structure and engage in a wholesale root and branch reorganisation more fitted to the 21st century.

For instance, every successful national healthcare system has no problem instituting some sort of charges for using the service, often in combination with a medical insurance program. This has the advantage of considerably reducing

abuse of the system as well as ensuring that everyone gets the treatment they deserve when they need it.

Only in the UK do we have this mental and political block in implementing such a system: instead we have an outdated article of faith that healthcare should be 'free at the point of delivery to all who need it'. For heavens sake, why?

I would maintain that in 2008 that is one of the outdated concepts which just has to be challenged if Britain can ever begin to hope that it can create a world class healthcare system.

No other nation is reckless enough or can afford to adopt such a policy. Are we saying that they have all got it wrong and that we are the only ones to have got it right?

With our mushrooming bureaucracy and regulation, who can say matters can carry on as they are? Surely, as pharmacists, we should sometimes look at the wider picture, not just our own part of it.

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Letters

Please email us with your letters, and a daytime phone number, to:
haveyoursay@cmpmedica.com
Or write to the Editor at:
C+D, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE
Letters may be edited for content and length

Low morale has led to a deterioration in job satisfaction

I have been following with interest the debate emanating from C+D's Salary Survey. Its findings came as little surprise to me.

Anecdotal, morale amongst community pharmacists is generally low. But why is this?

Much has been made of the business management pressures encountered by community pharmacists. Undoubtedly, these have led to a deterioration in job satisfaction. This is only to be expected given that, generally, remuneration for the management aspect of the job can often equate to a few thousand pounds. In which other realm of employment would an individual be paid so little to manage a business with turnover of perhaps a million pounds, and be expected to undertake this role in addition to a professional one?

However, while I agree that employee pharmacists are, often, woefully badly recompensed for their management role, the morale problems extend to locums, and so this cannot be the full reason for the high level of job dissatisfaction.

A few years ago I wrote to the PJ suggesting that the then volume-driven pharmacy contract was to blame for the lack of clinical direction and by implication job satisfaction among community pharmacists. The contract has now begun to evolve, but if anything job satisfaction has deteriorated. I am confident that the 'new' contract (especially the Scottish one) is in principle a vastly superior model for the delivery of pharmaceutical services, but it suffers from the same fundamental problem as its predecessor. It operates in a commercially competitive environment.

I would contend that it is the increasingly competitive nature of community pharmacy that is at the root of most of its problems. The vast majority of pharmacists do not view their *raison d'être* to be maximisation of profits. Most enter the profession to utilise their knowledge for the benefit of patients, and pharmacy education reflects these clinical aspirations and not the realities of modern community pharmacy practice.

I must emphasise I am not naively advocating some utopian situation where commercial interests are removed. We all want to be

rewarded financially for our labour. However, service to the NHS should be rewarded in an environment that does not necessitate cut-throat competition between contractors. I would contend that this is the situation that too often arises at the moment and one that is causing many of pharmacy's ills.

The pressure to increase script volume and profits must compromise individual pharmacists' ability to undertake clinical roles, as often such compromises are necessary in order to cope with workload. Pharmacists can feel undervalued and become disillusioned with the realities of their lot.

Pharmacies continue to dispense more and more prescriptions, and it is impossible to see this situation change. Furthermore, the sector has witnessed the development and widespread introduction of prescription-generating schemes and, once the genie is out of the bottle, all contractors are compelled to join in, or potentially see their livelihoods suffer.

In an attempt to retain scripts, the collection of patients' prescriptions is actively encouraged. Such services often involve the ordering of scripts at patients' request. It could be argued that this can potentially allow for a semblance of control in dispensary workflow and therefore facilitate pharmacist involvement in meaningful patient care. However, the reality is that this service may transfer problems and patient complaints from surgeries to pharmacies. As a profession, we are doing more and more for patients' convenience, but is this resulting in more hassle and less job satisfaction?

Community pharmacists are generally caring individuals who are happy to go the extra mile to help vulnerable or needy patients. However, routine delivery of prescriptions is now offered irrespective of genuine need. Invariably if a service is offered free to the public, its perceived value diminishes. Delivery of prescriptions to patients more than capable of collecting them for themselves is eroding the public's perception of the value of their medicines and of pharmacy services.

As long as pharmacies continue to generate healthy profits, owners will continue with the current situation, with its continued emphasis

on the supply function, above all else. This may even suit some pharmacists, as it allows them to remain within their 'comfort zone'. The new contract may ultimately allow community pharmacy practice to develop into a more rewarding clinical service, which routinely delivers greatly improved patient care, but this transitional stage, within which we find ourselves, is exacerbating these workload issues.

These views may seem deliberately contentious. However, I would hope that they stimulate some serious discussion into the future direction of community pharmacy practice. Things must change, and I would urge all of us to take the lead, or we will have no one but ourselves to blame if we find ourselves in an even worse situation.

Ewan Black MRPharmS, manager and director, Greenhead Pharmacy, Dumbarton

Letting in the sun

The 'burden' of repeat dispensing

Dr David Colin-Thomé has correctly described repeat prescribing and dispensing as a "burden" which the GPs would "love to be taken off". But then the pharmacists are at the receiving end! It was sold to the authorities for 'patient convenience' and to pharmacists as a tool to retain custom. But if all the pharmacists are involved then there is no competitive advantage.

I am not aware of any published cost of this 'work' for the GPs, but am confident that whatever they save will not trickle down to us. It has not been taken up widely because it is laced with gold plated red tape, is a quagmire of paperwork and what little we are paid does not justify the work involved. No wonder it has not taken off.

Uma Patel, director, Avicenna

What are your experiences of repeat prescribing and dispensing?
haveyoursay@cmpmedica.com

Category M: payments have barely covered our wholesaler bills

I am the owner of two independent pharmacies currently doing about 5,000 items a month. Category M has really hit the two shops. The current PPD payments we have received over the last four months have barely covered the bills for our wholesalers.

We are a modern company offering MURs and smoking cessation but we are still struggling. I had hoped to refit one of the pharmacies to enable us to deliver an even better service but in this current climate this will be financially impossible.

I can only hope that there are changes to category M in the next quarter that will allow us to continue to trade and to give our patients an excellent comprehensive NHS service.

David Lewis, Morsy Lewis Pharmacies

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New Ibuleve Speed Relief Gel is available from:

**AAH, Enterprise, Phoenix, Sigma, Colorama, Lexon, Mawdsley Brooks
Melchem, K Waterhouse and GD Cooper**

IBULEVE Trademark and Product Licence held by Diomed Developments Ltd, Hitchin, Herts, SG4 7OR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD18 7JJ, UK. **Indications:** Ibuleve Gel and Maximum Strength: For the relief of backache, rheumatic and muscular pain, sprains and strains. Also for pain relief in non-serious arthritic conditions. **Ibuleve Speed Relief Gel:** For fast local relief of rheumatic pain, muscular aches, pains or swellings, such as strains, sprains and sports injuries. **Directions (Ibuleve Gel):** Lightly apply a thin layer of the gel over the affected area. Massage gently until absorbed. Wash hands after use. Repeat as required up to three times daily. **Directions (Ibuleve Maximum Strength Gel):** Lightly apply 2 to 5 cm of gel (50 to 125 mg ibuprofen) to the affected area. Massage gently until absorbed. Wash hands after use. Repeat as required up to three times daily. **Directions (Ibuleve Speed Relief Gel):** Lightly apply 4-10 cm of gel over the affected area. Massage gently until absorbed. Wash hands after use. Repeat as required up to three times daily, at least 4 hours apart. **Contraindications:** Not to be used if allergic to any of the ingredients, or in cases of hypersensitivity to aspirin, ibuprofen or related painkillers, especially where associated with a history of asthma, rhinitis or urticaria. Not to be used on broken skin, under occlusive dressings (Ibuleve Speed Relief Gel only) or where there is infection or other skin disease. Not to be used during pregnancy or lactation. **Precautions:** Not recommended for children under 12 years without medical advice. If symptoms worsen or persist, consult a doctor or pharmacist. Patients with asthma, an active peptic ulcer or a history of kidney problems should consult their doctor before use, as should patients already taking aspirin or other painkillers. Interaction with blood pressure lowering drugs may occur, but is very unlikely. Keep away from the eyes, nose and mouth. Keep all medicines out of the reach of children. For external use only. **Side-effects:** In normal use, side-effects are very rare, but may occasionally include hypersensitivity reactions, and in susceptible individuals renal and/or gastrointestinal side effects. **Legal category:** [P] Ibuleve Gel and Maximum Strength Gel; GSL. Ibuleve Speed Relief Gel. **Packs:** Ibuleve Gel (PL 0173/0060) - 30g, RSP £3.89 (£3.31 exc. VAT) and 50g, RSP £5.39 (£4.59 exc. VAT), Ibuleve Maximum Strength Gel (PL 0173/0176) - 30 g, RSP £4.95 (£4.21 exc. VAT) and 50 g, RSP £6.95 (£5.91 exc. VAT), Ibuleve Speed Relief Gel (PL 0173/0060) - 40g, RSP £5.60 (£4.77 exc. VAT). **Revision date:** July 2003

Green suppliers

Need to replace equipment in your pharmacy or looking for a greener supplier for prescription bags? Here are some of the products on offer



Blisterpacks biodegrade

MTS Technologies launched its biodegradable PlusPak last year and the product has now been taken up by Co-op Pharmacy and in a five-pharmacy pilot by Tesco Pharmacy. The blister is made from polylactic acid derived from corn starch, the foil has been replaced with a specially coated paper and the card is made from recycled board.

MTS Technologies; www.mts-mt.co.uk



Low energy security

Servocell has launched a range of self-contained cabinet latch systems for the pharmacy sector, which use small amounts of energy to run and can be retrofitted to existing furniture. Entry level products provide key management, and middle-range products offer locally stored audit. The locks are less than 12mm thick and can be fitted to cabinet floors or to the side of drawers.

Servocell; tel: 01279 621500; www.servocell.com

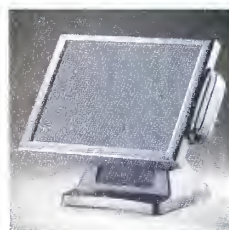
Pharmacy refits

Seen the home improvement programmes where they improve the look of the kitchen by just changing the cupboard doors? Well now you can do something similar with a pharmacy refit, because Summit Retail Display has launched a new service – Solo Planit.

By keeping the metal shelf holders (when appropriate) and replacing shelves, plinths and ticket holders, the cost and time of a refit can be reduced as well as minimising waste. Out-dated back panels and plinths can be re-covered with new, modern graphics and the fronts of the dispensary cupboards and drawers can be replaced with new onto the old carcasses (where appropriate).

All of Summit's suppliers comply with its strict ethical policy – its skip hire company separates waste and recycles where possible, the flooring firm recycles offcuts and the wood used is all from Forestry Stewardship Council-certified suppliers. A Solo Planit refit could take two to three days less than a regular refit.

Summit Retail Display; tel: 01795 425552; www.srdl.co.uk



Greener EPoS

With the move to more high-tech point of sale equipment, J2 Retail Systems has made sure its products meet green criteria. Each of the J2 EPoS models are built to low-emittance guidelines from the Restrictive Use of Hazardous Substances legislation; have a low power processor and low energy use; come equipped with a power saver device; and are imported on cardboard pallets using sea freight wherever possible.

J2 Retail Systems; tel: 01925 817003; www.j2retailsystems.com

Carrier bags

Looking for an alternative to plastic carrier bags? You could try a pharmacy dispensing carrier bag, available from BAF Printers.

Made from recycled paper, the bag has push-through flaps on the reinforced cardboard handle to make it easier on the hands. It can be made tamper proof by using a label over the handles or stapled through.

MTS Technologies; www.mts-mt.co.uk

Suppliers rewarded

Pfizer Global Research & Development was listed in the first Sunday Times 50 Best Green Companies survey for its site in Sandwich.

It was recognised for its green chemistry programme, which reduced the consumption of major chemicals used in R&D work; its employee 'Switch off' energy campaigns, which have saved nearly 250 tonnes of CO₂ emissions; and improved recycling.

In March, Procter & Gamble was recognised in the European Business Awards for its commitment to corporate sustainability. P&G was one of the first companies to produce a corporate sustainability report, back in 1999.

C+D
GREEN MONTH

A communication by Procter & Gamble Pharmaceuticals



A fast route to symptom relief for moderate ulcerative colitis (UC) patients with new Asacol® (mesalazine) 800mg MR tablets dosed at 4.8g/day: what pharmacists need to know

Asacol (mesalazine) 800mg Modified Release (MR) tablets are now available on prescription. We asked Hannah McNally, Clinical Pharmacist, what pharmacists need to know about this new treatment option for patients with ulcerative colitis (UC) and Crohn's disease (CD):

Q. What type of patients will be prescribed Asacol 800mg MR tablets (dosed at 4.8g/day)?

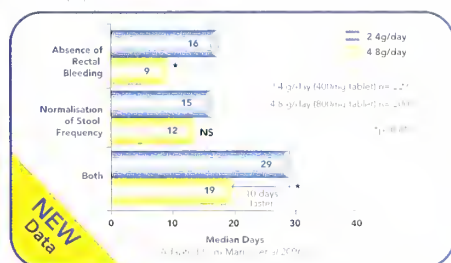
A. Asacol 800mg dosed at 4.8g/day is indicated for patients suffering from moderate active UC. Asacol 800mg dosed at 2.4g/day is indicated for mild acute exacerbations of UC and up to 2.4g/day for the maintenance of remission therapy in both UC and Crohn's ileo-colitis patients.¹

Q. What are the patient benefits of Asacol 800mg MR tablets dosed at 4.8g/day?

A. The ASCEND (Assessing the Safety & Clinical Efficacy of a New Dose of 5-ASA) I and II clinical trials evaluated overall treatment success as the primary endpoint. Additional results showed that Asacol 800mg MR tablets given at 4.8g/day provide symptom relief* 10 days faster (median time) than a mesalazine 400mg at 2.4g/day for moderate UC patients (figure 1).²

*Symptom relief is defined as both absence of blood in the stool and normalization of stool frequency

Figure 1
Median Time to Symptom Relief (ASCEND I and II pooled moderate population)



Time to symptom relief: the number of days from the first day of dosing to the first day of symptom relief

Median time is the time for 50% of patients to experience symptomatic relief

The new dose of 4.8g/day also provides a significant improvement in quality of life at three weeks for moderate UC patients (as a mean change from baseline).³

Q. If I don't have any Asacol 800mg MR tablets in stock, can I give the patient Asacol 2x400mg MR tablets instead?

A. No. Interchangeability between Asacol 400mg MR tablets and the new Asacol 800mg MR tablets has not been established. According to MIMS, different mesalazines are not interchangeable and should be prescribed according to their mode and site of action with the brand name specified.⁴

In addition, for moderate acute exacerbations of UC only Asacol 800mg MR tablets are licensed for dosing up to 4.8g/day.¹ Asacol 400mg MR tablets are only licensed for doses at 2.4g/day for these patients.⁵ Asacol 400mg MR tablets are not licensed at 4.8g/day.

Q. Will most moderate UC patients be switched from Asacol 400mg MR tablets to Asacol 800mg MR tablets (at 4.8g/day) or should I stock both doses?

A. Different mesalazines are not interchangeable⁴ and it is advisable to stock both doses. Moderate UC patients will not be automatically swapped to Asacol 800mg MR tablets (dosed at 4.8g/day) as every patient is different and has different requirements from their treatment.

Asacol 400mg MR tablets will still be available. UC or CD patients who are being successfully treated and are in remission should be maintained on this dose of Asacol 400mg MR tablets and not be switched to Asacol 800mg MR tablets. Asacol 800mg MR tablets may be prescribed for newly diagnosed patients and the higher dose of 4.8g/day may also be considered for those moderate UC patients suffering from flares in order to help achieve fast symptom relief.

Q. How should Asacol 800mg MR tablets be dosed?

A. Asacol 800mg MR tablets have the benefit of twice daily dosing,¹ thus avoiding the difficult

lunchtime dose, which patients often forget to take. Divided dosing offers the convenience of twice daily dosing which is associated with better patient compliance⁶ versus three times daily dosing.⁷

Q. Are there increased side effects with a higher dose?

A. There are no significant differences in the overall adverse event profile of Asacol 800mg MR tablets dosed at 4.8g/day at six weeks compared to mesalazine 400mg dosed at 2.4g/day.⁸

Q. How will Asacol 800mg MR tablets be packaged/dispensed?

A. Asacol 800mg MR tablets will be packaged in bottles; each bottle will contain a total of 180 tablets.

Q. What are the costs associated with prescribing Asacol 800mg MR tablets (4.8g/day) compared to Asacol 400mg MR tablets?

A. Asacol 800mg MR tablets cost the same as Asacol 400mg MR tablets on a gram per gram basis. Based on treatment at 2.4g/day for one month (30 days), both Asacol 800mg MR tablets and Asacol 400mg MR tablets cost £62.43. Asacol 800mg MR tablets dosed at 4.8g/day will cost £124.86.**

Asacol 800mg MR tablets are available in bottles of 180 and cost £124.86**.⁴

**Price at time of publication



Adverse events should be reported to Procter & Gamble Pharmaceuticals UK Ltd on 01784 474900. Information about adverse event reporting can be found at www.yellowcard.gov.uk

Asacol® 800mg MR Tablets Abbreviated Prescribing Information

Presentation: Asacol 800mg MR Tablets, PL 00364/0083, each modified release tablet contains 800mg mesalazine (5-aminosalicylic acid). Product is supplied in plastic (HDPE) bottles containing 180 tablets (£124.86). **Indications:** Ulcerative colitis. Treatment of mild to moderate acute exacerbations. For the maintenance of remission. Crohn's ileo-colitis. Maintenance of remission. **Dosage and administration:** Adults. Mild acute exacerbations: 3 tablets a day in divided doses. Moderate acute exacerbations: 6 tablets a day in divided doses. Maintenance of remission of ulcerative colitis and Crohn's ileo-colitis. Up to 3 tablets a day, in divided doses. **Elderly:** The normal adult dosage may be used unless renal function is impaired. **Children:** Not recommended. **Contra-indications:** A history of sensitivity to salicylates or renal sensitivity to sulfasalazine. Confirmed severe renal impairment (GFR less than 20 ml/min). Hypersensitivity to any of the ingredients. Severe hepatic impairment. Gastric or duodenal ulcer, haemorrhagic tendency. **Precautions:** Use in the elderly should be cautious and subject to patients having a normal renal function. Discontinue treatment immediately if acute symptoms of intolerance occur including vomiting, abdominal pain or rash. Patients with the rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose

malabsorption should not take this medicine because of the presence of lactose monohydrate. Standard haematological indices (including the white cell count) should be monitored repeatedly in patients taking azathioprine, especially at the beginning of such combination therapy, whether or not mesalazine is prescribed. Asacol should be used in extreme caution in patients with confirmed mild to moderate renal impairment. Renal function should be monitored (with serum creatinine levels measured) prior to start of treatment, and periodically during treatment, taking into account individual history & risk factors. Mesalazine should be discontinued if renal function deteriorates. If dehydration develops, normal fluid & electrolyte balance should be restored as soon as possible. Serious blood dyscrasias (some with fatal outcome) have been very rarely reported with mesalazine. Haematological investigations including a complete blood count may be performed prior to therapy initiation and immediately if the patient develops unexplained bleeding, bruising, purpura, anaemia, a fever or sore throat. Stop treatment if suspicion or evidence of blood dyscrasia, leucopenia or similar preparations which lower stool pH should not be concomitantly administered. Concurrent use of other known nephrotoxic agents, e.g. NSAIDs & azathioprine, may increase risk of renal reactions. Mesalazine should therefore be used with caution during pregnancy and

lactation when the potential benefit outweighs the possible hazards in the opinion of the physician. If neonate develops suspected adverse reactions consideration should be given to discontinuation of breast-feeding or discontinuation of treatment of the mother. **Undesirable Effects:** Common: nausea, diarrhoea, abdominal pain, headache, vomiting, arthralgia/myalgia. Rare: reports of leucopenia, leucopenia, agranulocytosis, aplastic anaemia, thrombocytopenia, myocarditis & pericarditis, peripheral neuropathy, vertigo, bronchospasm, eosinophilic pneumonia, pancreatitis, alopecia, lupus erythematosus-like reactions and rash (incl. urticaria), bullous skin reactions, abnormalities of hepatic function and hepatitis, interstitial nephritis and nephrotic syndrome with oral mesalazine treatment, usually reversible on withdrawal. Renal failure has been reported. Suspect nephrotoxicity in patients developing renal dysfunction. Drug fever. Very rarely, mesalazine may be associated with exacerbation of the symptoms of colitis. **Stevens-Johnson syndrome & erythema multiforme, interstitial pneumonitis.** **Legal category:** POM. **Marketing Authorisation Holder:** Procter & Gamble Pharmaceuticals UK Ltd, Egham, Surrey TW20 9NW. Asacol is a trademark. © 2007 Procter & Gamble Pharmaceuticals. Refer to Summary of Product Characteristics before prescribing. Date of preparation November 2007 AS7555

C+D Clinical

Childhood obesity

Good eating habits are established in childhood but how can we get this message across sensitively?

Key points

- Child obesity has several causes, although the main factors are eating too much and lack of physical activity.
- To assess obesity, a child's BMI must be compared with age and gender-related standards.
- The main problem is that obese children are likely to become obese adults, with the increased risks of type 2 diabetes, heart disease and certain cancers.
- Management is based on a healthy diet to maintain weight as the child grows, rather than to bring about rapid weight loss.
- Children should have a minimum 60 minutes exercise a day.
- Anti-obesity drugs should be used in children only if obesity is accompanied by severe physical or psychological disorders.

Zoe Smeaton

Children are getting fatter, the headlines scream. Gone is the passion for exploring the outdoors and playing sports, replaced by an unhealthy desire for the newest gadgets and a love of computer games. And the mid-morning glass of milk has been replaced by fizzy drinks and chocolate.

This might sound like scaremongering, but take a look at the figures and the warning signs are there. In the average school, almost one in three children is now overweight, and the situation looks set to worsen unless health professionals and parents intervene.

Background

Obesity can be defined as, "an excess of body fat frequently resulting in significant impairment of health and longevity".

Body mass index (BMI), calculated by dividing a person's weight in kilograms by the square of their height in metres, is still the most widely used measure to assess obesity in children. BMI varies greatly with age, so a child's BMI must be compared to age- and gender-specific standards to determine whether they are overweight.

Children with BMIs greater than or equal

Reflect

List five possible causes of childhood obesity. How does treatment differ from that in adults? Which drugs should be used?

Plan

The article gives an overview of the incidence, causes and management of childhood obesity and describes a scheme set up to help.

CPD

This article can help in the following CPD competencies: **G1a, G1d, G1h, G1t, G1v, C1f, C2a, C3c**. See <http://tinyurl.com/68ox7b>



Combivent® Metered Aerosol (MA) Inhaler is to be DISCONTINUED

(ipratropium bromide and salbutamol sulphate)

This product will be discontinued by June 2008. Please arrange an early appointment with your surgery to discuss alternatives. 309246/GB/1

Combivent® Metered Aerosol

ipratropium bromide and salbutamol sulphate

Pressurised inhalation, suspension

For oral inhalation only

10 ml vial containing
200 metered doses

Patients are being notified via a sticker on each pack and are advised to visit their surgery for a review

Stickers will appear on UK packs only from January 2008



- Combivent MA inhaler will be discontinued by Boehringer Ingelheim by June 2008.
- Boehringer Ingelheim emphasises that the decision to discontinue Combivent MA inhaler is driven solely by the restriction in use of CFCs, and is in no way based on the safety profile, effectiveness or quality of the product itself.
- This discontinuation affects the Combivent MA inhaler only. Combivent Unit Dose Vials (UDVs®) are not affected and will remain available.
- Posters and patient leaflets are available giving details of the discontinuation. Request these from your Boehringer Ingelheim representative.

If you would like further information on Combivent Metered Aerosol, please contact Medical Information on 0845 602 3809

PRESCRIBING INFORMATION (UK)

Combivent Metered Aerosol (ipratropium bromide and salbutamol sulphate)

Presentation: Metered Aerosol containing a combination of ipratropium bromide (anticholinergic bronchodilator) 20 micrograms and salbutamol sulphate (beta₂-adrenergic agonist) 120 micrograms.

Indication: COPD-associated bronchospasm in patients who require regular treatment with both ipratropium and salbutamol. **Dosage:** Adults (over 12 years): two puffs four times a day. **Contra-indications:** Hypertrophic obstructive cardiomyopathy; tachyarrhythmia; known hypersensitivity to any of the components or to atropine or its derivatives. Hypersensitivity to soya lecithin or related food products such as soya bean and peanut. **Precautions:** Immediate hypersensitivity reactions may occur after administration as demonstrated by rare cases of urticaria, angioedema, rash, bronchospasm and oropharyngeal oedema; concurrent administration with systemically absorbed anticholinergics, xanthines, corticosteroids, other beta-agonists, beta-blockers, monoamine oxidase inhibitors, tricyclic antidepressants, halogenated hydrocarbon anaesthetics; not to be used in pregnancy or lactation unless the benefits outweigh the possible hazards to the child. Instruct in correct use and warn not to allow contact with eyes as there have been rare reports of ocular complications (i.e. mydriasis, blurring

of vision, narrow-angle glaucoma, eye pain). Patients who may be pre-disposed to glaucoma should be specifically warned to protect their eyes. If eye pain/discomfort, blurred vision, visual halos or coloured images, with red eyes from conjunctival congestion or corneal oedema develop (suggesting acute narrow-angle glaucoma), treat with miotic drops and seek specialist advice immediately. Advise patient to seek medical advice in the event of acute, rapidly worsening dyspnoea or if response lessens. Use with caution in patients with; recent myocardial infarction and/or severe organic heart or vascular disorders; insufficiently controlled diabetes mellitus, hyperthyroidism, prostatic hypertrophy, pheochromocytoma, and risk of narrow-angle glaucoma. Potentially serious hypokalaemia may result from beta₂-agonist therapy, particularly in severe airways obstruction, xanthine derivatives, steroids, and diuretics may potentiate this effect. Additionally, hypoxia may aggravate effects of hypokalaemia on cardiac rhythm, especially in patients receiving digoxin. It is recommended that serum potassium levels are monitored in such situations. Patients with cystic fibrosis may be more prone to gastro-intestinal motility disturbances. **Side-effects:** In common with other beta-agonists more frequent undesirable effects are fine tremor of skeletal muscles and nervousness, less frequent are tachycardia, dizziness, palpitations or headache, especially in hypersensitive patients. Potentially serious hypokalaemia may result

from beta₂-agonist therapy. In isolated cases there may be local reactions such as dryness of the mouth, throat irritation, dysphonia or allergic reactions. As with other bronchodilators, in some cases cough, in very rare instances paradoxical bronchoconstrictions have been observed. As with other beta-mimetics, nausea, vomiting, sweating, weakness and myalgia/muscle cramps may occur. Allergic-type reactions such as skin rash, pruritus, angioedema of the tongue, lips and face, urticaria (including giant urticaria), laryngospasm and anaphylactic reactions have been reported. As with all beta₂-agonists hyperactivity in children is possible. Prescribers should consult the summary of product characteristics in relation to other undesirable effects. **Pack Size and Basic NHS price:** 10ml vial complete with mouthpiece containing 200 doses £6.77 PL 00015/0191. **Legal category:** POM. **Product Licence Holder:** Boehringer Ingelheim Limited, Eylesfield Avenue, Bracknell, RG12 8YS. For full prescribing information please see summary of product characteristics. Updated August 2007

Adverse events should be reported to Boehringer Ingelheim Drug Safety on 0800 328 1627 (freephone). Information about adverse event reporting can be found at www.yellowcard.gov.uk

to the 85th percentile, compared to the 1990 UK reference population, are classified as overweight, and those in the 95th percentile as obese.

The causes of obesity are complex, even in so-called primary or simple obesity. Although in the majority of cases it comes down to how much children eat and how much physical activity they do, there are other factors, says Dr Penny Gibson, obesity spokesperson for the Royal College of Paediatrics and Child Health: "It's not as simple as eating too much, or being less active, there is a recognisable genetic tendency, which may influence your metabolism and how you deal with food... even simple obesity is multifactorial," she says. There are also associations between obesity and children living in urban areas or socially deprived conditions, or who have obese parents.

Rarer causes of obesity in children range from endocrine disorders, growth hormone deficiencies and hypothyroidism, to single genetic abnormalities. Chromosome abnormalities such as Down's syndrome and Prader-Willi are also associated with a risk of obesity.

Effect on health

Obesity in adult life is known to increase the risk of many other medical conditions. For example, the DH says around 58 per cent of type 2 diabetes, 21 per cent of heart disease and between 8 and 42 per cent of certain cancers (endometrial, breast and colon) are attributable to excess body fat. Obesity also reduces life expectancy, and is responsible for 9,000 premature deaths each year in England.

The main problem for obese children, therefore, is that they are more likely to go on to become obese adults. However, some of the metabolic conditions associated with adult obesity, such as type 2 diabetes, are now being seen in children as well.

Dr Colin Waite, chairman of the National Obesity Forum, says: "By the time obese children are 12, they can have the early phases of dyslipidaemia, hypertension and endothelial dysfunction, which are major steps down the road to atherosclerotic disease. They can also have insulin resistance which is a key player in the development of type 2 diabetes; and if you're overweight or obese in adolescence you've got an increase in cancer risk."

Alongside these long-term effects come more immediate problems. Dr Gibson says: "It can have an impact on the everyday life of the child... they may have difficulty taking part in activities for various reasons, physical or emotional; there may be the physical impact on joints and bones." Some children may have skin problems due to excess fat, and obesity raises the risk of asthma and sleep apnoea.

Add to these psychological issues – overweight children are more likely to

Box 1: Epidemiology of childhood obesity

11 per cent: rise in obesity among two to 15 year olds in England since 1995

25 per cent: number of children predicted to be obese in 2050 unless action is taken

30 per cent: children aged two to 15 classed as overweight or obese in England, 2006

40 per cent: obese boys aged eight to 15 who don't know they are too heavy

55 per cent: number of adults predicted to be obese in 2050 unless action is taken

The MEND Programme

MEND (Mind Exercise Nutrition... Do it!) is a self-referral programme for overweight children that is presented to children and families as a healthy lifestyle programme. A parent or carer and child attend for 20 two-hour sessions over 10 weeks, and focus on nutrition, exercise and behavioural changes. Each session includes one hour of physical activity.

The programme is free and aimed at children aged seven to 13. In a randomised controlled trial that ended last year, children involved had reduced both their waist circumference and body mass index.

Weight Concern is doing research on its Traffic Light Programme, which also supports families with obese children to make positive lifestyle changes. The programme is intensive and could be used to cope with even complex cases.

suffer from depression and low self-esteem than their peers and may be subjected to bullying – and the condition becomes even more complex.

Lifestyle management

So how should such a complex condition be managed? Nice guidelines state that multicomponent interventions are preferred. Programmes should include strategies to change behaviours, increase people's physical activity levels and improve eating behaviours and diet. As children are still growing, the emphasis is on maintaining their weight as their height increases, rather than rapid weight loss.

The guidelines recommend a healthy eating regime for adults and children. Such a diet would include meals based on starchy foods, plenty of fibre-rich and low-fat foods, and at least five portions of fruit and vegetables everyday.

In 2006, just 19 per cent of boys and 22 per cent of girls aged five to 15 years consumed five or more portions of fruit and vegetables a day, so there are clearly improvements to be made on this front. The guidelines also stress that children should eat regular meals in a pleasant and sociable environment, without distractions.

The recommended levels of physical

activity for children – 60 minutes or more of physical activity every day of the week, or possibly more for overweight children – must also be met. Tips to achieve this include encouraging active play, such as dancing or skipping, being more active as a family and gradually reducing sedentary activities such as watching television.

For children, another key point is that interventions must address lifestyle within the family. Dr Waite says: "Trying to treat a child as an entity within a family, where they are made to be different, is doomed to failure. The family have to accept this as a family problem and the measures we would advocate would improve the health of the whole family."

The Nice guidelines also say any interventions must develop a positive body image and build self esteem for children, giving them a psychological component. They should encourage behavioural changes through setting goals, rewarding children for reaching goals, and encouraging them to monitor themselves.

There are programmes offering all of these components, some run locally, and others, such as the MEND programme, nationally. With all of them, some level of commitment will be required. As Dr Waite says: "The family need support in adapting their lifestyles and making changes gradually. There is no quick fix, you've got to try and develop a pattern of behaviour which can be maintained for life."

Other treatment

Drugs such as orlistat and sibutramine can be used alongside lifestyle changes. However, Nice recommends that these drugs are used only after dietary, exercise and behavioural approaches have been started and evaluated.

The guidelines say the drugs should only be used in children if physical or severe psychological comorbidities are present. The drugs are also only recommended for children under 12 years of age in exceptional circumstances, if, for example, life-threatening comorbidities are present.

Bariatric surgery is not recommended in children or young people, unless they have almost reached physiological maturity and there are exceptional circumstances. Dr Waite agrees: "I would see surgery as a last resort and we don't think it should be

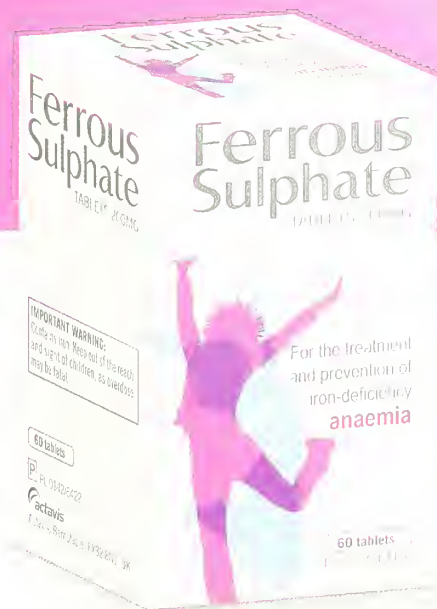
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TABLETS 200MG



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- Iron intakes in the UK have fallen over the past 20 years¹
- Approximately 20% of women, 50% of pregnant women and 3% of men are iron deficient²
- Statistics suggest 40% of women under the age of 34 have seriously low intakes of iron³

- Iron deficiency may cause fatigue, weakness, loss of appetite, headache, dizziness, palpitations, breathlessness, chest pain, and a sore tongue
- Iron deficiency may also lead to hair loss, brittle nails, and a pale complexion
- Iron deficiency may also lead to a decrease in the production of red blood cells, which can lead to iron deficiency anaemia
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The role of iron

Iron is an essential component of haemoglobin, transporting oxygen in the blood to all parts of the body. It also plays a vital role in many metabolic reactions.¹ However, it is mostly associated with anaemia, a condition that develops slowly after the body's normal stores of iron have been depleted.

In anaemia the red blood cells are too few in number or do not adequately oxygenate the body tissues. There are several causes of anaemia but the most common is iron deficiency.

Red blood cells are produced in the bone marrow and contain haemoglobin. It is haemoglobin that carries oxygen, absorbed from the lungs, around the body. Iron is a key component of haemoglobin.²

There may be few signs if the anaemia is mild. Common symptoms include lethargy and fatigue, shortness of breath and palpitations. Physical signs can include a pale complexion, a smooth tongue, and flaking or spoon-shaped nails.

Causes of iron deficiency anaemia range from too little iron

in the diet, to poor absorption of iron by the gut, and loss of blood. Bleeding in the stomach or gut (from a stomach ulcer, or long term NSAID use, for example) is the most common cause of iron deficiency anaemia in men, while heavy menstrual bleeding is the most common cause in pre-menopausal women.

Women frequently develop iron deficiency anaemia during pregnancy, when the foetus is growing rapidly and the body's resources are stretched to provide an adequate blood and oxygen supply. Many pregnant women require an iron supplement, particularly from the 20th week of pregnancy.³

Diagnosis of anaemia requires a blood test in order to carry out a red blood cell count and to measure haemoglobin levels. Since anaemia is indicative of an underlying condition it is important that this, too, is identified before initiating any treatment.⁴

Oral iron supplements help replace the depleted iron stores in the body. When haemoglobin is back within the normal range, treatment normally continues for a further three months to replenish iron stores, which are contained mostly in the bone marrow.⁵

What about diet?

It is rare for iron deficiency anaemia to be caused solely by a lack of iron in the diet. National survey data shows that, on average, adult men consume 13.2mg iron daily and women 10.0mg from food sources. The reference nutrient intake (RNI) for iron is 8.7mg/day for men and 14.8mg/day for women.

However, 25% of British women have an iron intake below the lower RNI of 8.0mg/day. The proportion is highest in younger women, with 50% of 15-18 years olds, 42% of 19-24 year olds, and 41% of 25-34 year olds having an intake less than the lower



RNI, an amount of iron considered to be inadequate.⁶

Advice for patients⁷

Iron tablets are usually well tolerated but may sometimes upset the stomach, causing sickness, heartburn, and possibly diarrhoea or constipation.

Taking the tablets with or after food will help reduce the side effects, although milk and antacids may interfere with absorption of iron and should not be taken at the same time. Iron tablets may colour stools black, but this should not be a cause for concern.

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4. www.vegsoc.org
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7. www.cks.library.nhs.uk/patient_information_leaflet/anaemia_iron_deficiency

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Product information for Ferrous Sulphate Tablets.

Active ingredients: 200mg dried Ferrous Sulphate BP equivalent to 65mg elemental iron. **Indications:** Prevention and treatment of iron-deficiency anaemias. **Dosage and administration:** To be taken orally. **Adults and Elderly:** Treatment: 130-195mg ferrous iron (2-3 tablets) daily in divided doses. Prophylaxis: 65mg ferrous iron (1 tablet) daily. **Children 6-12 years:** Treatment: Children weighing over 22kg: 1 tablet daily. Children weighing over 44kg: 1 tablet twice a day. Children weighing over 66kg: 1 tablet three times a day. Children under 6 years or weighing less than 22kg: Not recommended. **Cautions:** **Contraindications** – Hypersensitivity to any of the ingredients; patients receiving repeated blood transfusions; concomitant parenteral iron; haemochromatosis and other iron overload syndromes. **Caution in:** Patients with haemolytic anaemia, haemoglobinopathies, iron-storage or iron-absorption diseases, existing gastrointestinal disease. **Interactions:** tetracyclines, quinolones, cholestyramine, antacids, preparations containing zinc, calcium, phosphorus, trientine or tea, coffee, milk, eggs, whole grains, meat. Methyl dopa, levodopa, penicillamine ascorbic acid. **Undesirable Effects:** nausea, epigastric pain, constipation, diarrhoea, blackened stools. **PL Number:** PL 0142/6422R. **Legal status:** P. **Packs:** 60 £2.99. **Market Authorisation Holder:** Actavis UK Ltd, Barnstaple, EX32 8NS. **Date:** April 2008. Consult SPC for full details

1. This prize draw is open to pharmacy counter staff employed full or part time in a UK pharmacy at the closing date.

2. Employees of CMP Medica and Actavis, their trading divisions and their immediate families are not eligible to enter.

3. Entries must be made on an original coupon from C+D.

4. Entries are restricted to one per person.

5. The winner of the prize will be the sender of the coupon that is drawn first on

the closing date with the qualifying questions correctly answered.

6. No purchase is required to enter.

7. The prize offered will be as stated. No alternatives or cash prizes will be offered.

8. The closing date for entries to the prize draw is July 7 2008.

9. Proof of postage is not regarded as proof of receipt.

10. The name of the winner will be available on application to Lexis PR, 8 Bolsover Street, London W1W 6AB after the closing date.

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2. What is the reference nutrient intake
(RNI) for iron per day for women?

3. What is the elemental iron equivalent
of Ferrous Sulphate 200mg BP?

4. For how many months is iron
supplementation normally continued after
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embarked upon until a child has reached full growth."

Conclusion

Clearly childhood obesity is a growing and complex problem, and one that is not going to be easy to tackle. But steps are being taken in the right direction, as the minister for public health, Dawn Primarolo, said: "We're not going to stem the tide overnight, but through measures such as providing the right information and support to parents to ensure a healthy diet and regular exercise for children and increasing participation in sport and healthy eating, we hope to support families to lead healthier lives."

Zoe Smeaton BA is a C+D news reporter

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Pharmacy's role

Pharmacists can play a key role in reducing adult obesity through weight management services, and in many cases offering such services to parents of obese children could have a knock-on effect if it improved the family's lifestyle. However, treating obese children directly is a complex task, requiring specialist and family-focused management, experts say.

Dr Colin Waine, chairman of the National Obesity Forum, warns that pharmacists should be wary of approaching families with obese children, because many parents could be unaware or even in denial about their child's weight.

However, pharmacists may find themselves as a first port of call for many parents of overweight children, and so could help by offering a sympathetic ear and advice on where parents can seek specialist help, says Dr Waine.

Pharmacists can find out about programmes available in their area, such as the MEND programme, and offer leaflets about these for families. Alison Chipperfield, a nutritionist involved in the MEND programme, adds: "In terms of reinforcing the healthy eating and doing more activity, specialist programmes can help people make changes, but then a pharmacist has a role in engaging with the family to encourage those changes and keep them going."

Meera Sharma, professional services manager at UniChem, helped set up an award-winning obesity management programme run by pharmacists in Coventry. She agrees that any pharmacy service targeting overweight children would need to be well thought through, but said pharmacists could have a role to play as gatekeepers, providing information and signposting for parents, and could also offer their help with local initiatives in child health.

Your Continuing Professional Development

- Read the relevant parts of chapter 1 of the Nice clinical guideline 43, www.nice.org.uk, which describes the general principles involved in helping children to achieve and maintain a healthy weight.
- Read the National Obesity Forum's training resource for health professionals on childhood obesity at nationalobesityforum.org.uk. Use this to consider how you might involve a whole family in making long-term adjustments to their diet and lifestyle.
- Read the section above on raising the issue of obesity. How would you deal sensitively with the parents/carers of a child who was overweight? With older children, how would you balance their independence with parental involvement?
- What would you do if a teenager who was not overweight asked for help in losing weight?
- Read the section on the MEND scheme. Is this something you could become involved with in your pharmacy, or could you set up a specialist weight management service in conjunction with local GPs?

Evaluate

- Do you now feel confident about advising families on reaching and maintaining a healthy weight in childhood?

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www.chemistanddruggist.co.uk/update

Clinical News

Oral HRT boosts clot risk

Oral hormone replacement therapy (HRT) more than doubles the risk of venous thromboembolism, according to a study published on BMJ Online. However, HRT given in skin patches caused no significant increase in the risk. The authors have called for further research.

Flat cola no substitute

'Flat' carbonated drinks should not be used as an alternative to rehydration solution for children with acute vomiting and diarrhoea. A study published in Archives of Disease in Childhood found the drinks contain too much sugar and not enough salts.

Exercise delays diabetes

Diet and exercise can prevent or delay diabetes for up to 14 years. A study in the diabetes special issue of The Lancet found reduced incidence in adults with impaired glucose tolerance who participated in a group-based lifestyle intervention over six years.

Special diabetes care package benefits South Asian patients

A special diabetes care package for patients of South Asian ethnic origin has resulted in improved blood pressure and cholesterol levels.

The randomised controlled trial published in the special diabetes issue of The Lancet included 21 UK inner-city GP practices.

It assigned 868 patients of South Asian ethnic background to receive enhanced care and 616 to the control group.

Enhanced care included additional time with a nurse and

support from a link worker and diabetes specialist nurse. Outcomes measured were changes in blood pressure, total cholesterol and glycaemic control after two years.

Systolic blood pressure, diastolic blood pressure and total cholesterol decreased significantly by 4.9mmHg, 3.8mmHg and 0.45mmol/L in the trial group. However, there was no statistically significant change in glycaemic control.

While acknowledging the health

benefits delivered by the enhanced care package, the authors concluded that improving glycaemic control remains a major challenge.

They said further work is needed to enhance healthcare delivery and improve motivation in patients of South Asian origin with diabetes if healthcare inequalities are to be reduced.

Prevalence of diabetes in this patient group is four-fold to six-fold higher than in white Europeans.

Early insulin key to type 2 diabetes control

Early intensive insulin therapy may restore blood glucose control in patients with newly diagnosed type 2 diabetes.

A randomised controlled trial of 382 patients reported in the diabetes special issue of The Lancet found that in the two groups receiving insulin more patients

achieved target blood glucose control and in a shorter time than those receiving oral diabetic drugs.

Treatment was stopped after normoglycaemia was restored for two weeks, then patients were followed up on diet and exercise alone.

Maintenance rates of normoglycaemia at one-year follow-up were higher in the groups who had received insulin (51 per cent and 45 per cent) than those who received the drugs (27 per cent). β -cell function was also significantly improved in the insulin groups.

C+D AWARDS 08

June 18th. Grosvenor House Hotel.
Have you booked your place?

Contact Katherine Mannix **0207 234 8729**

email: **kmannix@cmpi.biz**

or visit **www.chemistanddruggist.co.uk/awards**

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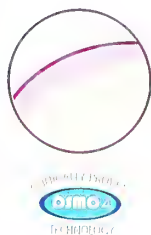




Now, for every shade of sunburn, there's AfterBURN

- Every year, millions of people burn on holiday – even a hint of pink means damage has been done. Now, for every shade of sunburn, there's AfterBURN. ■ AfterBURN is not just an aftersun – it's a breakthrough SUNBURN RESCUE GEL. Patented OSMO4 technology draws the body's own moisture to the burn site. ■ AfterBURN not only soothes and hydrates; it actively repairs the damage done by the sun. ■ AfterBURN even helps to reduce peeling. ■ **With a heavyweight press campaign for the key summer months, it's the hottest thing to hit the suncare market in years.**

Thornton & Ross Ltd, Linthwaite, Huddersfield HD7 5QH.
Tel: 01484 842217 www.afterburngel.com PIP Code 334-5220



NEW

Clinical Alerts

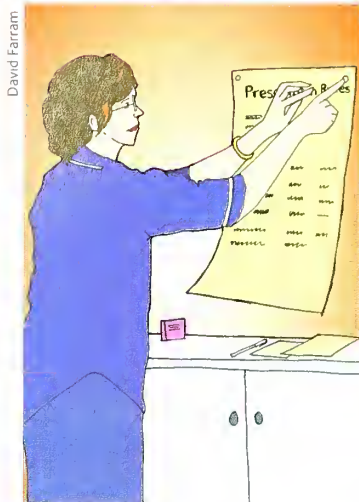
New Products

neuropad diagnostic test for early warning symptoms of diabetic foot syndrome An adhesive dressing applied to the foot to assess sweat gland function by measuring moisture. Ark Therapeutics Group, tel: 01773 510123.

SPC Changes

Robitussin Dry Cough Medicine (dextromethorphan hydrobromide) Changes including information on contraindications, special warnings and precautions, interactions, and undesirable effects. Wyeth Consumer Healthcare, tel: 01628 669 011. <http://emc.medicines.org.uk>

A Practical Approach



The dispensing team at the Update Pharmacy is having a regular review meeting. Brenda, the dispensing technician, has raised

the topic of prescriptions from non-medically qualified prescribers.

"The range of health professionals who can write prescriptions seems to be increasing all the time, and I'm confused about who is entitled to prescribe and what they can and can't prescribe," she says.

"Me too," adds relief pharmacist Lydia Allen.

Pharmacist David Spencer says: "What concerns me is whether we are in any way responsible or liable if one of these prescribers prescribes something they are not entitled to or is outside their sphere of competence, and something goes wrong."

"We need to write ourselves a guide to refer to when in doubt. Could I ask you to do it, please, Brenda? I could give you half a day

Non-medical prescribing

for it, if Lydia could come in and cover in the dispensary."

"OK," replies Brenda, "I'll have a go, but could you help with setting out the main headings, David?"

Questions

1. What groups of health professionals, apart from medical practitioners, can now prescribe?
2. What types of nurse prescribers are there and what can they prescribe?
3. What types of pharmacist prescribers are there and what can they prescribe?
4. What is the status of the other non-medical prescribers?
5. How can non-medical prescribers be identified?
6. What liability do pharmacists have for dispensing prescriptions written by non-medical prescribers?

A Practical Approach



Can you suggest a scenario for Practical Approach? Email ideas to haveyoursay@cmpmedica.com



Meet the winners of the Platinum Design Awards on p28

prescribers); any licensed medicine for any medical condition within their competence, including some Controlled Drugs (listed in the BNF and MFP).*

3. a) Pharmacist independent prescribers, as for NIPs but cannot prescribe any CDs, including Schedule 5 P medicines (eg. co-codamol tablets) that can be sold OTC in pharmacies.*

b) Pharmacist supplementary prescribers; any drug included in a clinical management plan agreed for the individual patient by the independent prescriber (a doctor) and the supplementary prescriber. This can include any CD and instalment prescriptions for addicts.

4. Supplementary prescriber, as for pharmacists.

5. Prescription forms are lilac in colour, personalised and annotated NIPs) cannot yet begin.

limited range already allowed for prescribing of CDs (except for the 2001 had not been made, so the Misuse of Drugs Regulations press the necessary amendment to However, at the time of going to prescribers to prescribe all CDs. pharmacist and nurse independent to the Prescription Only Medicines (Human Use) Order 1997 enabled * Note: On April 1 an amendment normal duty of care.

Dispensing pharmacists' liability does not extend beyond their independent and supplementary prescribers prescribe appropriately and within their competence.

b) It is PCT's role to ensure that independent and supplementary prescribers will not be paid for any item supplied that is not in the NPF.

6. a) Community practitioners: with the prescriber's status.

1. Nurses, pharmacists, optometrists, physiotherapists, radiographers, podiatrists, 2. a) Community practitioners (district nurses and health visitors); only items from the Nurse Practitioners' Formulary (NPF) in the BNF

b) Nurse independent prescribers (NIPs) (formerly known as extended formulary nurse

Answers

This article can help in the following CPD competencies: **G1k, G1s, C5a, C6a.** See <http://tinyurl.com/68ox7b>



C+D's A Practical Approach is supported by



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Corsodyl ad returns

Oralcare brand Corsodyl is back on TV this week as the 'missing tooth' ad makes a second appearance. Running on alternate weeks, the campaign ends in early August and represents a £2.5 million TV advertising spend.

The 20-second ad sees an attractive woman accompanied by a "seductive, dreamy soundtrack", says manufacturer GSK. She smiles to the camera revealing a gap in her teeth. The main focus is on Corsodyl Mint mouthwash while a 10-second tag follows introducing the brand's most recent offering, Daily Defence.

GSK hopes to build on the success of the first round of

advertising that resulted in the brand claiming a 52 per cent share of the medicated mouthwash category (source: AC Nielsen total coverage value share to w/e March 22, 2008).

Product info:
GlaxoSmithKline Consumer Healthcare
Tel: 0845 762 6637



Campaign is spot on

'Spot the feet you need to treat' is the name of athlete's foot

treatment Mycota's summer campaign. Inviting pharmacy staff to enter the fun and educational competition, manufacturer Thornton & Ross is offering the chance to win a trophy plus a pair of workwear Crocs shoes for each staff member. A toolkit including posters, leaflets,



pads and pens will be sent out to pharmacies completing the training module.

For consumers, quizzes are running in titles such as

Take A Break and That's Life.

Product info:
Thornton & Ross
Tel: 01484 842217
www.mycota.co.uk

urinary incontinence while building pelvic floor muscles, says the company. The silicone device should be replaced monthly. Price: £24.99; Rubicon Healthcare Tel: +353 1 8903935 www.uriwell.co.uk

Durex gets fruity

The Durex range of lubricants has been extended with the addition of Very Cherry. The entire brand is set to benefit from a £2 million TV advertising spend with ads running from June 2 to Christmas. Price: £3.99/50ml
Pip code: 352-0982
SSL International
Tel: 0870 122 2689

Blisters nipped in the bud

An anti-blister stick and an exfoliating foot scrub have been added to the Carnation footcare range.

Containing apricot and walnut shell, the scrub is described as an affordable home treatment to nourish the feet and prepare them for summer.

The anti-blister stick should be applied to areas where shoes rub to form a protective layer.

Carnation Footcare managing director Dave Wain said: "Both new products are a great addition to Carnation's wide range of essential everyday footcare products from which pharmacies can select.

Prices and Pip codes:

stick £3.99, 334-3498; scrub £3.29, 334-3480

Cuxson Gerrard & Co Ltd

Tel: 0121 544 7117

www.carnationfootcare.co.uk

"Summer is the perfect time to start stocking the new lines as customers will be increasingly seeking softening beauty treats and blister remedies."



Products in brief

Testing times for sufferers

'Unblock your potential' is an initiative aiming to help students with hayfever cope with exams during the pollen season, backed by Schering-Plough and the Education for Health charity. Request campaign materials from unblockyourpotential@hhealth.com
Schering-Plough
Tel: 01707 363766

New inco aid

IncoStress is a new urinary incontinence aid from Rubicon Healthcare. The class IIa medical device helps women control

START A MOVEMENT

Laxido
Orange

Macrogol 3350, sodium chloride, sodium hydrogen carbonate, potassium chloride

A generic alternative to Movicol

Laxido Orange is indicated for the treatment of chronic constipation and faecal impaction. Please refer to the summary of product characteristics before prescribing. **MA Holder:** Galen Limited, Seagoe Industrial Estate, Craigavon, BT63 5UA, UK.

Information about adverse event reporting can be found at www.yellowcard.gov.uk. Adverse events should also be reported to Galen Limited on 028 38334974 and select the customer services option, or via info@galen.co.uk

PMR-MAY-2008-0177. Date of Preparation: May 2008. Further information is available from the MA holder.

GALEN

Retail
TALKWhat's your pharmacy's
policy on providing
bags for customers?

WEB VERDICT:

Free plastic
bags: 76%Charged-for
plastic bags: 4%Only paper
bags available: 20%

Off the shelf view: Well done to the 20 per cent of respondents using only paper bags and not contributing to the eight billion plastic bags handed out each year in the UK. Do customers really need a bag? Make it your policy to ask – it'll save you money as well as the earth.

This week: Is National Smile month boosting sales from your oralcare fixture?

Vote online at www.chemistanddruggist.co.uk/prodnews

Explosive action

An explosive image is being used in the latest outdoor advertising campaign for GSK's Solpadeine analgesics range.

The concept is said to show how Solpadeine Plus can obliterate pain and the ad uses the strapline 'Nothing beats the powerful combination of three active ingredients'.

Six-sheet posters are being positioned close to pharmacies during June in the Central, Anglia,

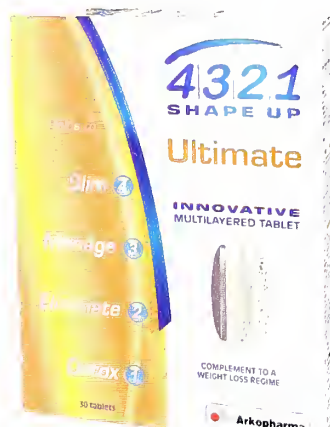
Yorks and London areas.

Meanwhile, Pharmasite posters are appearing nationwide from mid-June until mid-July. The campaign is a prelude to the brand's major pharmacy PoS initiative scheduled to begin in July.

Product info:

GlaxoSmithKline Consumer Healthcare

Tel: 0845 762 6637



4.3.2.1... launch!

Arkopharma is extending its weight loss offering with the launch of 4.3.2.1 Shape Up Ultimate. It contains herbal ingredients from 10 plants and claims to help burn fat, reduce water retention and detox the body. Two tablets should be taken daily for 15 days, dropping to one daily for a further month.

The product can be taken in conjunction with other products in the 4.3.2.1 range, says Arkopharma. Advertising and PR activity are

supporting the launch and PoS materials are available.

Price and Pip code:

£12.50/30, 336-8693

Arkopharma UK

Tel: 0208 763 1414

For on TV this week see:

www.chemistanddruggist.co.uk/prodnews

A new way to
heal cuts and
grazes faster

NEW Savlon Advanced Healing Gel

Aids faster wound healing

The unique hydrocolloid formula creates optimal healing conditions and accelerates cell renewal

Reduces the likelihood of scarring

Used throughout the healing process no hard scab is allowed to form and the chance of scarring is reduced

Quickly soothes pain

Helps to quickly reduce pain due to the gel's cooling effect



Savlon A TOUCH OF SAVLON MAGIC

NEW



Savlon is a registered

ADVANTAGE
Cuts, Burns, Heals

The support to succeed

A lot has changed at Boots over the last three years, but the changes happening in pharmacy are definitely going to be some of the most exciting. A new government white paper means that the role of the pharmacist is changing to include more services that are traditionally undertaken by GPs. All of this means that there are lots of exciting and challenging opportunities to become dispensers as their help will be vital to help support pharmacists to perform their new duties.

We were lucky enough to catch up with three people who've joined Boots Pharmacy as dispensers – Linsey Healey, Heather Johnson-Eames and Kate Burton.

Training

We asked our dispensers what initially attracted them to Boots. Heather started by saying, "The fact that there was training available was a big deal. I did not know whether to go to university or not, and this job was great because I knew I could still get recognised qualifications and work my way to be an ACT without going to uni." Linsey said, "I knew Boots would be a great company to work for." Kate added, "I have heard a lot of good things about Boots and was excited to be involved in the changes."

It then seemed only natural to ask about the qualifications that Heather had mentioned. Kate quickly replied, "I have been continuously improving my knowledge with my training. In fact that's why I left my last employer; because they weren't committed to putting me on courses." Linsey said, "I am currently training to be an ACT so I feel I have done very well. I am currently getting the training I need and I'm constantly learning."

So while you're being given lots of training are you given support as well?



Kate Burton

"The thing I find different to where I worked before is that the head office is more organised," said Kate. "And there is always someone to go to if you need to ask anything. With my previous employer I had very little support." Heather said, "You know there is always someone available to help no matter what you are doing."

"The best thing about working here is there really are a lot of different things to do. The training is really good, the hours are flexible, the pay is good, and there are great people that work here"

Linsey added "The training is one of the reasons why our dispensers go on to win awards. The Community Pharmacy Technician of the Year at last year's PHARMAs was Linda Hayes who put her win down to Boots training".

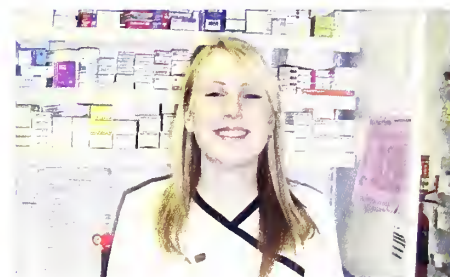


Linsey Healey

Enjoyment

And when we asked what do you enjoy most about being a dispenser? They all said how proud they were to be helping people and making a difference to their lives. Heather explained, "At the end of the day you know you have helped people. It's also good to work on the different services that are being introduced, I especially enjoy working with smoking cessation."

Linsey added, "I really enjoy taking responsibility for customers. And I never realised what goes on in the background



Heather Johnson-Eames

before a box of tablets gets handed to a customer. I've really enjoyed learning about the chemical side of dispensing."

Heather seemed to sum everything up nicely when she said, "The best thing about working here is there really are a lot of different things to do. The training is really good, the hours are flexible, the pay is good, and there are great people that work here, so I look forward to coming to work everyday. It is a very interesting job and there are opportunities to move up the ladder."

So what would you say to someone who was interested in joining Boots as a dispenser? "Go for it!" Said Linsey, "You learn loads and there are a lot of opportunities and they are a great bunch of people to work with."

Changing

While lots of things are changing in pharmacy, lots of things have stayed the same at Boots – like the value and importance that we place upon providing a service that keeps customers and patients coming back. The most recent developments mean there is even more opportunity to develop yourself within the business and play your part in building the world's leading pharmacy-led health and beauty retailer. If you want to become a dispenser you know you can trust Boots to give you the training, support and encouragement to become fully qualified.

If you'd like to find out more, please visit www.dispenserjobs.co.uk or www.boots.jobs



Going platinum

The UK's finest looking pharmacies fought it out for the 2008 Platinum Design Award crown

Glance at the TV schedule and you see a society hooked on design. Shows on property makeovers, glamorous cars and fashion fixes draw viewers by the million. Pharmacy has traditionally been slow to capitalise on the trend. Businesses based on dispensing have shunned the lavish styling of high street companions such as hairdressers or coffee bars. However, with the emphasis shifting to providing patient care, an image makeover has begun.

The frontrunners of the pharmacy design revolution gathered at the C+D and Ceuta Healthcare Platinum Design Awards at the Royal Society of Medicine in London last week. The event celebrates cutting edge pharmacy design and carries a particular emphasis on businesses gearing up to provide new healthcare services.

How the judges saw it

Gearing premises design to the growing clinical role of the profession was a key criteria in the 2008 Platinum Design Awards, explains Howard Hopkins, of Ceuta Healthcare. "The changing role of the pharmacist is very important. It's key they have the right environment," he says.

The pharmacies on the shortlist for the Platinum prizes have all risen to the challenge, he adds.

The Platinum finalists of 2008 broke new ground in pharmacy design, agrees C+D editor Gary Paragpuri. "When I was invited to judge this year's awards, there was a nagging thought – just how could anyone improve on Associated Chemists [the 2006 Platinum winner]? Well I'm pleased to say today's winners have, in their own way, done just that."

Joining Mr Paragpuri on the judging panel were Colette McCreedy, chief pharmacist at the NPA; Richard Easton, president of the National Association of Shopfitters and managing director of AE Hadley, and David Mair, chairman of Ceuta Healthcare.

And the winner is...

Design Award winner

George Romanes Pharmacy in Duns (left) scooped the star prize at the awards. The Berwickshire business, designed by Anderson Retail Consultants, wowed judges with its use of colours, layout and signposting.

Duncan Maxwell Shopfitters was given a brief to create a state-of-the-art premises with a clinical services area, spacious dispensary, space for on-site film processing and Robbie the dispensing robot.

The plans appeared so grand that some shopfitters dismissed the project as too ambitious. But Mr Romanes has had the last laugh as the work was completed, helping OTC sales leap 25 per cent. Judges say the refit gave the pharmacy "style by the bucket load".



Above: George Romanes' award-winning pharmacy was dismissed as too ambitious by some shopfitters

Left: George Romanes thanks his team and is delighted with winning his award

Owner George Romanes expressed his delight at winning the award and praised his staff. He says: "I'd like to say a big thank you to all my team at home for putting the pharmacy together so well." Mr Romanes picks up a £3,000 cheque to go along with his winners' trophy.



Design Award runner-up

A pharmacy with a touch of Damien Hirst about it helped Murrays Healthcare to second spot in this year's Platinum Design Awards.

The design of the robot at the town's Bridgnorth pharmacy seems inspired by the controversial British artist, according to one judge.

The dispensing robot was not pickled in formaldehyde but its vertical conveyor is a big hit with patients.

The pharmacy, at the town's Northgate Health centre, was designed by Bappt Shopfitters. The panel praised the light and airy style. Features such as a three tiered workbench system help to reduce staff stress and reduce errors. An easy access consultation area near the middle bench also allows pharmacists to talk discreetly with patients.

Duncan Murray, of Murrays Healthcare, receives a prize cheque for £1,500.

Service Award

Stephen Foster, of Pierremont Pharmacy, scooped the prize in a category that recognises innovation in service delivery.

The judges praised Mr Foster for establishing a pharmacy fit for the future. The Kent-based business lets customers sit back in leather armchairs and sip lattes while waiting for their prescription to be dispensed. Patients are also encouraged to take a blood pressure or diabetes test while they wait.

The £125,000 refit homes in on clinical services including lifestyle assessments, weight management and smoking cessation. There is also lung functioning testing as part of Mr Foster's plans to qualify as a pharmacist with a special interest in COPD. The pharmacy offers needle exchange, methadone and Subutex supply, and counselling. It also runs a sexual health clinic and is open 100 hours a week for patient convenience.

Mr Foster, who picks up a £1,500 prize, says: "It's great for the whole team. The pharmacy has a completely different look and reflects the direction of new services."

The premises was fitted by Fauz Conduit.



Stephen and Justine Foster: recognised for innovation in service delivery

The Multiple Pharmacy trophy

Murrays Healthcare retains the prize for best multiple refits it won at the 2006 Platinum Awards.



Paul Knight and Fiona Murray celebrate a Platinum double for Murrays Pharmacy in the multiples category

Look out over the coming months for features on all our 2008 Platinum Design Award winners

Splashing

You'd better start hiding your beauty products girls, the men have finally realised what they're for. **Jaq Bayles** explores this new phenomenon

It's not enough that men have taken to wearing sarongs and being house-husbands – now they want to hijack our beauty techniques too. Apparently a quick scrub-down with a bar of carbolic soap is no longer enough for your average metrosexual male. He wants toning, moisturising, dry armpits, a hair-free back and even – can you believe it? – soft hands.

Male grooming is definitely on the up and it's creating a huge opportunity for pharmacies to entice more men through their doors.

Boots data values the men's grooming market at £427 million, with the facial skincare sector alone worth £39m, while TNS Worldpanel figures for the year to December 2007 show market penetration as follows: 21 per cent of men use moisturiser on their face/neck/eyes; 70 per cent use shower products/body wash; 84 per cent deodorant and 78 per cent shave. In terms of the leading brands, Gillette takes first place, followed by Lynx, Nivea, Sure and adidas.

Angela Chalmers, consultant pharmacist at Boots in Holloway Road, London, says of the sector: "It's kind of exploded. Men have problem



Can you spot the feet you need to treat?



OUT

The good old days!

Back in 2003, an Everyday Essential survey by The Survey Shop on behalf of Vaseline Intensive Care Essential Moisture showed a rather different picture to the one now emerging.

It found that every morning 14 per cent of men left the house for work without washing, while 8 per cent of men did not clean their teeth – and 5 per cent admitted to using their toothbrush after it had fallen down the toilet.

Only 6 per cent considered body moisturising to be an everyday essential.

The Top 10 were:

1. Brush teeth	92%
2. Morning tea or coffee	68%
3. Brush/comb hair	55%
4. Exercise eg gym/jog	36%
5. After-work alcoholic drink	19%
6. Cigarettes	19%
7. Bar of chocolate	17%
8. Face moisturiser	13%
9. Body moisturiser	6%
10. Make-up	1%

Clearly times have changed as Vaseline launched its first range purely for men in March with three body washes, two body lotions and a hand lotion.



skin as well but the sector used to be so small. It's great to see now that there's something for dry skin and products for anti-ageing. I don't know if it's just come from magazines or TV, but it's acceptable now to want to look your best. It's not seen as some sort of pansy thing – it's OK to look after yourself. There are more programmes on TV about men's makeovers. Men's magazines have sections on health and grooming. There are a lot of male grooming places in London."

Tony Measom, general manager for the premium Lab Series Skincare for Men, says we have to thank celebrity culture and the likes of David Beckham for the "staggering growth and size of the market".

He says: "The desire to look and feel healthy has been driven by male role models such as film actors and sportsmen and communicated via the huge growth in premium magazines devoted to men."

The Lab Series has gone into Boots and Mr Measom is predicting that stores will eventually devote the same amount of space to men's products as to women's.

Ms Chalmers says the variety of products men want is expanding, with shave gels and moisturisers now being joined by waxing products, exfoliators and even hand creams, as a recent survey found that soft hands were in the top three attributes that women find most attractive in men.

But hair loss remains one of the top worries for men, she says, and Boots has developed a hair retention programme that involves an initial consultation and the medicine finasteride. This blocks the production of the hormone

dihydroxy-testosterone in the scalp, which is responsible for thinning.

Says Ms Chalmers: "This was previously only available through the doctor so men would have to get a private prescription but Boots developed the programme because they felt there was a need to provide the service. The consultation can be anything between 30 and 40 minutes because there are a lot of health questions, and it costs £45 for one month of medication. Within three months there will be less hair loss and within six months stabilisation."

The increase in interest in men's grooming presents a huge opportunity for pharmacists, says Ms Chalmers, both in terms of broadening their range and in getting closer to men and their health issues.

"Anything that gets men into pharmacies asking for advice is brilliant. You should do anything you can that makes men feel pharmacy is not just about buggies and babies. If they have a health problem they tend to leave it to the last minute when it's super-serious."

"It's a well-known fact that men are reluctant to visit their GP regarding health problems. They will try to muddle through their 'lack of health' and only as a last resort, or through the constant requests from their loved ones, go to the doctor."

"However, many men shop at a

Mycota Foot First Status shows that your pharmacy can!

Back by popular demand, the Mycota Foot First Pharmacy initiative is here again to improve the health of the nation's feet!

Taking part will help your pharmacy become noted for its knowledge of common foot ailments, and how to spot the customers that might suffer from them.



- ### How to Register
1. Read through your spot the feet mailer*
 2. Correctly answer the questions
 3. Send off your application for Foot First Status!

download yours from www.mycota.co.uk if you haven't received yours in the post

Successful Foot First Status applicants will receive an exclusive Spot the Feet Tool Kit, plus the chance to win a pair of comfy Crocs for everyone in your pharmacy!



For more information, go to www.mycota.co.uk

Mycota Powder, Mycota Cream and Mycota Spray Product Information. Presentation. Mycota Powder containing 20g Undecylenolate 20% w/w, Undecylenic Acid 2% w/w. Mycota Cream containing 20g Undecylenolate 20% w/w, Undecylenic Acid 2% w/w. Mycota Spray containing Undecylenolate 20% w/w, Undecylenic Acid 2% w/w in a lipid aerosol spray. Uses: Treatment and prevention of Athlete's Foot. Contraindications and Precautions. Hypersensitivity to any of the ingredients. For external use only. Caution: With the eyes and mucous membranes should be avoided. Do not apply to broken skin. Treatment should be discontinued if irritation is severe. Pregnancy and Lactation: Consult Doctor before use. Side Effects: Hypersensitivity reaction (skin irritation). Legal Category: GSL. Further information is available from the Product Licence Holder, Thornton & Ross Ltd, Linthwaite, Huddersfield HD7 5QH.

NEW

a major breakthrough for minor burns



New Acriflex Cooling Burns Gel uses OSMO4 osmotic technology which has been clinically proven to soothe by rapidly cooling the skin tissues to relieve discomfort, reduce the redness of inflamed skin, hydrate the surface layers of the skin to promote it's natural repair system and kill bacteria through physical action without drying the skin.

Find out more from your
T&R representative, or call
01484 842217.



CE
CE0459

✓ **cools** ✓ **hydrates** ✓ **promotes repair**

Presentation: Glycerin, PEG-8, caprylyl glycol, sodium polyacrylate, carbomer, sodium hydroxide and purified water. Indications: for application to superficial burns such as may occur in the home, sun-burn and minor skin irritations. Dosage and Administration: For adults and children over 2 years of age apply to unbroken skin and massage gently. Leave for a few minutes to penetrate. Repeat 2 – 3 times daily. Contradictions: Sensitivity to the product or any of its ingredients. Warnings: Avoid contact with the eyes. Do not use after the expiry date. Store at room temperature. Keep away from sources of heat. Keep out of the reach of children. Legal Status: Class IIA medical device. Pack Size: 30g RSP excl VAT: £3.29. Date of preparation: January 2008. Further information is available from Thornton & Ross Ltd, Linthwaite, Huddersfield HD7 5QH.

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“ The boom in male grooming is certainly going to continue ”

pharmacy in order to pick up their grooming products, and it's here where the pharmacist can help.

"Pharmacists are in a unique position within the medical fraternity, as they are among the only medical establishment that one need not have an appointment to visit and one where men and women pop in to purchase all sundry items."

She adds: "As pharmacy increases its stocking of male grooming products at competitive prices, so their male clientele will grow, thereby establishing an ideal situation for the man to talk with the pharmacist about health issues, without needing an appointment to do so. This appointment-free zone allows men to drop in at their convenience. The local pharmacy can therefore provide an invaluable service for men who prefer a more flexible and, above all, less stressful approach to their health."

And Ms Chalmers says men can be prompted to think more about their health while they are

in the pharmacy. She often runs campaigns around awareness of testicular cancer, diabetes, chlamydia and erectile dysfunction and will place leaflets next to grooming products to catch male customers' eyes, "because men will pick up a leaflet and read it in their own time".

"When we did a chlamydia campaign I put out leaflets next to the condoms and male grooming products to make sure I got to men as well as the women.

"Even just taking that step and saying would you like a quiet word in the consulting room – they will be grateful to have a bit of your time."

The boom in male grooming is certainly going to continue, and with it the opportunities to create a more male-oriented area in-store and get more health messages across to men. And it means pharmacists can gain greater exposure by getting involved in local health campaigns when it comes to, for example, diabetes, testicular cancer or stop smoking campaigns.



Product news

Just for Men returns to TV

Just for Men is back on TV screens this summer.

Running in all regions throughout the summer, the men's hair colorant is benefiting from a £4 million investment in TV advertising this year.

The Just for Men range consists of nine shades of hair dye along with a matching range of brush-in colour gels for beards and moustaches.

Combe International; tel: 020 8680 2711;
<http://uk.justformen.com>



Tempt men into the pharmacy with grooming products and use the opportunity to get health messages across

OdorEaters summer campaign

June 16 is the start of the summer TV campaign from OdorEaters.

The £1 million campaign will run for five weeks on national TV.

The OdorEaters Foot & Shoe Spray has been reformulated to be a two-in-one spray. Containing both an antibacterial to fight foot odour and an antiperspirant to keep feet dry, Combe International says the product is ideal for use in conjunction with the OdorEater insoles.

Combe International; tel: 020 8680 2711; www.odoreaters.com



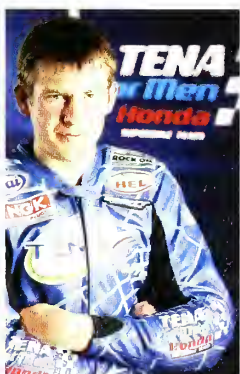
Tena for Men gets on its bikes!

Tena for Men is the new sponsor of the Honda Superbike team.

The team will be competing in the British Superbike Championship 2008.

The team is also teaming up with TV chefs the Hairy Bikers to support Orchid, the male cancer charity, which funds research into prostate and testicular cancer. They will be backing Orchid's 'Checked out' awareness campaign at all of this season's races.

SCA Hygiene; 01582 677400;
www.tenaformen.co.uk

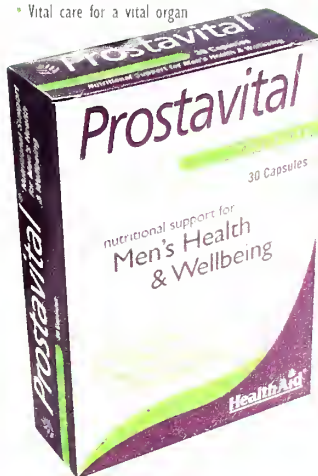


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08

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D/19.02.08	Victoria Pharmacy , 19 Desborough Ave, High Wycombe, Buckinghamshire, HP11 2RS	40
D/03.04.08	Hetpole Pharmacy , 398 Dedworth Road, Windsor, Berkshire, SL4 4JR	20

Experience working in a dispensary essential; Qualifications Desirable

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Please send your CV with a covering letter stating your current salary and the Job Reference to:
Vicki Sachs, HR Administrator, Manichem Ltd, 47 Boulton Road, Reading, Berkshire, RG2 0NH or email hadmin@manichem.co.uk

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postscript

What have you and your team been up to lately?
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Email postscript@cmpmedica.com

60-second interview special

We caught up with some more recently elected RPSGB Council members to discover the personalities behind the manifestos



Catherine Duggan is associate director for clinical pharmacy, development and evaluation for east & south east England specialist services and a senior clinical lecturer at the University of London

First job? I worked in retail, in a community pharmacy at university, and before that in Tie Rack and a haberdashery shop... it influenced the passion in my life, which is retail therapy.

School nickname? Dougie.

Guilty pleasure? Cheesy music at the end of a night with friends.

Medicine cabinet essentials? Ibuprofen, Aveda shampoo and conditioner, and my three Es: Elemis pro-collagen moisturiser, Elizabeth Arden Eight Hour Cream and Eve Lom cleanser.

Favourite holiday destination? A mixture between Provence and Australia, they both have great wine regions and beautiful countryside.

Dream date? Dr Kovac from ER.

Chocolate or chips? Chips, with salt and vinegar.

Rugby or football? It depends on the season, I'm a fair weather sport addict.



Professor Nicholas Barber is head of the department of practice and policy at the School of Pharmacy, University of London

First job? My first job was a holiday job, lifting 50kg oil barrels in a yard... I think I was one of the few people there without a criminal record.

School nickname? Rebrab.

What do you drive? BMW 530 diesel.

Ideal car? Aston Martin.

Guilty pleasure? Cheese sandwiches.

Medicine cabinet essentials? Omeprazole, Neutrogena hand cream, paracetamol, car sickness remedy for my family.

Favourite holiday destination? Sydney, I love the area around the harbour and the beaches, there's great swimming.

Dream date? Angelina Jolie – is that boring?

Chocolate or chips? Chips.

Rugby or football? Rugby.



Margaret Allan is the director of MA Pharmacy Consulting Services and works for the Welsh Centre of Professional Pharmacy Education

First job? Pharmacy manager in Llanharan, South Wales.

School nickname? Maggie May.

What do you drive? Mercedes SLK.

Ideal car? Aston Martin.

Guilty pleasure? Red wine, preferably Shiraz.

Medicine cabinet essentials? Omeprazole, Clarins skincare, my make-up (all of it!), hair straighteners, shampoo.

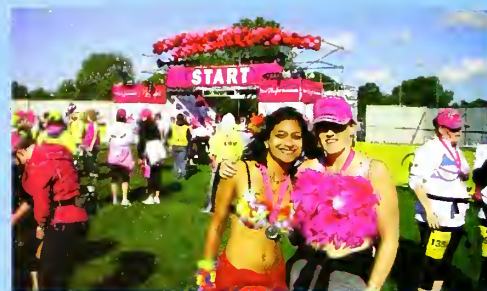
Favourite holiday destination? Antigua, it's very relaxing and I love the people there.

Dream date? Sean Connery.

Chocolate or chips? Chocolate.

Rugby or football? Rugby.

Bra stars do the MoonWalk



The RPSGB's Priva Seibal, above left, and Heidi Wright, celebrate after completing the PlayTex MoonWalk. The 36-mile walk around many of London's sites started at midnight, and took the pair less than eight and a half hours. Heidi said: "There were mainly women doing the walk as you do it in bras, but we did have to put our jackets on as it got quite cold." She added that doing the walk overnight had created a great atmosphere.

They were raising money for Walk the Walk Worldwide, and can be sponsored at www.justgiving.com/heidiwright

Web comment of the week

The ABPI calls for pharmacists to do more to make sure patients understand medicines information leaflets

Posted by David Macrae on 22/05/08 16:57

Perhaps the ABPI could turn its attention to encouraging its members to fund any additional efforts required by pharmacists, or even give back some of the lost profits caused by some of their members' direct purchase schemes



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The hay fever season has been occurring 8 to 10 days earlier on average over the last 30 years⁴

Warm, dry and clear conditions increase levels of atmospheric pollen and spores⁵

Due to global warming, hayfever is on the rise. Thankfully, there's a treatment you can trust.

Pollen seasons are starting earlier and lasting longer⁶

The interactive effects of pollen and air pollution can increase symptom severity⁶

Up to 25% of the UK population have hayfever⁷⁻⁹

The prevalence of diagnosed allergic rhinitis has trebled over the past three decades¹⁰

Hayfever symptoms are often worse amongst young people, peaking between the ages of 20 and 30¹¹

About 90% of hayfever sufferers are allergic to grass pollen⁶

Global warming is a growing challenge.³ Early arrival of spring and longer plant growing periods mean there's even more pollen in the air to aggravate hayfever sufferers. For fast, effective hayfever relief, recommend an allergy expert. No other brand treats more allergies than Piriton.

Hayfever relief from an allergy expert



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30

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Piriton Allergy Tablets Product Information. Presentation: Tablets containing 4 mg chlorphenamine maleate. **Uses:** Symptomatic relief of chickenpox itch and allergic conditions including hayfever. **Dosage and administration:** *Adults:* 1 tablet every 4-6 hours. *Children aged 6-12:* 1/2 tablet every 4-6 hours. **Contraindications:** Hypersensitivity. Concurrent or recent treatment with MAOIs. **Precautions:** May increase effects of alcohol. May affect ability to drive and use machinery. Use with caution in prostate, respiratory, liver, cardiovascular and thyroid disease; epilepsy, glaucoma and other eye conditions. **Side effects:** Sedation. Less commonly gastrointestinal disturbances, blurred vision, headaches, urinary retention, dry mouth, muscular incoordination, jaundice, cardiovascular disturbances, chest tightness, dizziness, blood dyscrasias, allergic reactions, tinnitus. Children and the elderly are more prone to the neurological anticholinergic effects. **Pregnancy and lactation:** Consult doctor before use. **Legal category:** P. **Product licence number:** PL 00036/0091. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** 30 tablets £3.15, 60 tablets £5.99. **Date of last revision:** February 2008.

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 Ask your Pharmacist first